

Kansas Senate Corrections and Juvenile Justice  
Proponent Testimony HB 2049  
January 19 2016  
Nick Reinecker  
Kansas Citizen

Chr. Senator Greg Smith

Thank you Mr. Chairman and members of the committee for allowing me to speak today regarding HB2049. I present this testimony as a proponent of this bill in its original form for the exclusive purpose of allowing the admission of guilt, in regards to the damaging prohibition, complete or in part, by our state government, of cannabis. Other than that I believe it to be poor cannabis reform legislation that will be tainted by bureaucratic red tape for the narrow selection of patients that could benefit from it, the agricultural producers that will be allowed access and the offenders who will still be offenders and subject to the use of force.

Therefore I would like to present an amendment that would essentially gut the present language and insert language that would strike any mention of cannabis from the Kansas controlled substances act and regulate a cannabis economy like alcohol with provisions for personal cultivation and possession free from prosecution for those citizens 21 years or older who are not engaged in commerce. The National Cancer Institute and global hemp producers have declared that cannabis is a useful substance in all forms and it should also be noted that Dr. Allen Frances who was the chair of the DSM-IV Task Force and of the department of psychiatry at Duke University School of Medicine, Durham, NC, testified last week in the Kansas Senate Public Health and Welfare Committee regarding the DSM-V which is the Diagnostics and Statistical Manual for Mental Illness, saying that, in regards to cannabis, Law Enforcement officers are becoming armed social workers involved in a paradoxical environment of undertreatment and overtreatment of those individuals that are contacted in situations involving less harmful illegal substances and more harmful legal substances and that one could not develop a more irrational approach to mental health then what we have in the United States where insurance companies push for diagnosis in a seven minute interface (tele or not) all in the name of reimbursement, where children now have no room for immaturity or cure but rather are subject to invasive marketing, questionable screening practices and free samples fortified by a gluttonous \$18 billion antipsychotic and an \$11 billion stimulant medication industry feeding the largest mental health centers where both adult and juvenile populations are warehoused, our jails and prisons.

It is bad form to use suffering people as pawns in the theatre of pro-con debate especially in an environment of ram-rod privatization. In the final analysis its all just politics and the future will depend on the vigilance of an informed electorate that is ready for compassionate and sensible cannabis legislation reform. We also need more money for the precious resources of Law Enforcement and Corrections personnel and ironically, cannabis, in whatever strain, is high-yield.

Nick Reinecker





## Cannabis and Cannabinoids—for health professionals (PDQ®)

### General Information

*Cannabis*, also known as marijuana, originated in Central Asia but is grown worldwide today. In the United States, it is a controlled substance and is classified as a Schedule I agent (a drug with a high potential for abuse and no currently accepted medical use). The *Cannabis* plant produces a resin containing psychoactive compounds called cannabinoids, in addition to other compounds found in plants, such as terpenes and flavonoids. The highest concentration of cannabinoids is found in the female flowers of the plant.[1] Clinical trials conducted on medicinal *Cannabis* are limited. The U.S. Food and Drug Administration (FDA) has not approved the use of *Cannabis* as a treatment for any medical condition. To conduct clinical drug research with *Cannabis* in the United States, researchers must file an Investigational New Drug (IND) application with the FDA, obtain a Schedule I license from the Drug Enforcement Administration, and obtain approval from the National Institute on Drug Abuse.

The potential benefits of medicinal *Cannabis* for people living with cancer include antiemetic effects, appetite stimulation, pain relief, and improved sleep. Although few relevant surveys of practice patterns exist, it appears that physicians caring for cancer patients in the United States who recommend medicinal *Cannabis* do so predominantly for symptom management.[2] A growing number of pediatric patients are seeking symptom relief with *Cannabis* or cannabinoid treatment, although studies are limited.

Cannabinoids are a group of terpenophenolic compounds found in *Cannabis* species (e.g., *Cannabis sativa* L.). This summary will review the role of *Cannabis* and the cannabinoids in the treatment of people with cancer and disease-related or treatment-related side effects.

#### References

1. Adams IB, Martin BR: Cannabis: pharmacology and toxicology in animals and humans. *Addiction* 91 (11): 1585-614, 1996. [PUBMED Abstract]
2. Doblin RE, Kleiman MA: Marijuana as antiemetic medicine: a survey of oncologists' experiences and attitudes. *J Clin Oncol* 9 (7): 1314-9, 1991. [PUBMED Abstract]

**Updated:** January 7, 2016

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# Cannabis and Cannabinoids—for health professionals (PDQ®)

## Overview

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This complementary and alternative medicine (CAM) information summary provides an overview of the use of *Cannabis* and its components as a treatment for people with cancer-related symptoms caused by the disease itself or its treatment.

This summary contains the following key information:

- *Cannabis* has been used for medicinal purposes for thousands of years.
- By federal law, the possession of *Cannabis* is illegal in the United States, except within approved research settings; however, a growing number of states, territories, and the District of Columbia have enacted laws to legalize its medical use.
- The U.S. Food and Drug Administration has not approved *Cannabis* as a treatment for cancer or any other medical condition.
- Chemical components of *Cannabis*, called cannabinoids, activate specific receptors throughout the body to produce pharmacologic effects, particularly in the central nervous system and the immune system.
- Commercially available cannabinoids, such as dronabinol and nabilone, are approved drugs for the treatment of cancer-related side effects.
- Cannabinoids may have benefits in the treatment of cancer-related side effects.

Many of the medical and scientific terms used in this summary are hypertext linked (at first use in each section) to the NCI Dictionary of Cancer Terms, which is oriented toward nonexperts. When a linked term is clicked, a definition will appear in a separate window.

Reference citations in some PDQ CAM information summaries may include links to external websites that are operated by individuals or organizations for the purpose of marketing or advocating the use of specific treatments or products. These reference citations are included for informational purposes only. Their inclusion should not be viewed as an endorsement of the content of the websites, or of any treatment or product, by the PDQ Cancer CAM Editorial Board or the National Cancer Institute.

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Charlotte's Web, red tape: Medical marijuana in limbo

Joe Reedy, Associated Press 5:13 p.m. EST January 16, 2016

TALLAHASSEE - In the two years since the Florida Legislature passed a law allowing highly restricted use of medical marijuana to help people with seizures, the measure remains in regulatory limbo with more questions than answers.

The low-potency marijuana allowed under the Compassionate Cannabis Act of 2014 is not getting to patients and that has key supporters in the Legislature frustrated.

"We passed a law to respond to concerns from suffering families and we look up here a couple years later and we still do not have the relief promised to those families," Sen. Rob Bradley said during a recent hearing of the Regulated Industries Committee. "I find that particularly frustrating and I am sorry to those families that we are not there yet."

The Charlotte's Web strain can't be smoked. It is low in tetrahydrocannabinol (THC), which produces the euphoria-like state for users, but is high in cannabidiol (CBD) which has been effective in preventing seizures.

Getting low-THC marijuana to families covered is just one of many medical marijuana issues before the Legislature in its ongoing session, which runs through March 11. There is an expansion of the Right to Try bill, which would allow patients with terminal illnesses to use high-potency strains of marijuana, and an ongoing push for a medical marijuana constitutional amendment.

Lawmakers expected medical marijuana to be available to families by early 2015. In hindsight, that timetable was not feasible because Florida was trying to create and set up rules to regulate a new industry. Many have lauded the Department of Health and Office of Compassionate Use for dealing with a set of difficult circumstances.

"It wasn't made easier that the Department of Health was given a long laundry list of things to accomplish and to craft something out of nothing and no budget. It has been a tremendous challenge for a constituency and marketplace," said Richard Blau, an attorney who leads the regulated industries division of the firm GrayRobinson. The division, which is based in Tampa, is one of many groups that have kept a close watch on the process.

Christian Bax, the director of the Office of Compassionate Use, appeared before the Senate's Regulated Industries Committee and called the process of crafting and carrying out the policies "unique."

He said the three judges each had to wade through 30,000 pages of applications from potential marijuana vendors in order to select five and that "the cumulative work load was equivalent of reading War & Peace 21 times."

The state ultimately granted five licenses to cultivate and distribute medical marijuana in Florida. The five regional dispensing organizations were announced Nov. 23. They must request authorization to cultivate by Feb. 7. Cultivation must begin within 210 days of receiving cultivation authorization.

The process of awarding the licenses underwent two legal challenges through the Division of Administrative Hearings. Thirteen challenges have also been issued by organizations that applied for but did not receive a license. While it may seem like another large hurdle, none of those organizations have requested an injunction to halt the entire process.

Alpha-Surterra, which is the dispensing organization for southwest Florida, requested authorization to cultivate in January. Susan Driscoll, who represented Alpha-Surterra at Wednesday's hearing, said she is hopeful that with its timeframe the group can start supplying products to patients by late July.

Alpha-Surterra will make medical marijuana available in gel capsules, tinctures, sprays and tropical creams with the possibility of adding patches later.

Bax, however, said he expects the five dispensing organizations to have products to families by September.

"This is a new industry. You look at the few states that had it before a lot of them have been medical wink-wink recreational," Driscoll said. "This has always been focused on therapeutic. We want to make sure we do it properly and correct."

**Amendment 64**  
**Use and Regulation of Marijuana**

1 **Ballot Title:** Shall there be an amendment to the Colorado constitution  
2 concerning marijuana, and, in connection therewith, providing for the regulation  
3 of marijuana; permitting a person twenty-one years of age or older to consume or  
4 possess limited amounts of marijuana; providing for the licensing of cultivation  
5 facilities, product manufacturing facilities, testing facilities, and retail stores;  
6 permitting local governments to regulate or prohibit such facilities; requiring the  
7 general assembly to enact an excise tax to be levied upon wholesale sales of  
8 marijuana; requiring that the first \$40 million in revenue raised annually by such  
9 tax be credited to the public school capital construction assistance fund; and  
10 requiring the general assembly to enact legislation governing the cultivation,  
11 processing, and sale of industrial hemp?

12 **Text of Measure:**

13 *Be it Enacted by the People of the State of Colorado:*

14 Article XVIII of the constitution of the state of Colorado is amended BY THE  
15 ADDITION OF A NEW SECTION to read:

16 **Section 16. Personal use and regulation of marijuana**

17 **(1) Purpose and findings.**

18 (a) IN THE INTEREST OF THE EFFICIENT USE OF LAW ENFORCEMENT  
19 RESOURCES, ENHANCING REVENUE FOR PUBLIC PURPOSES, AND INDIVIDUAL  
20 FREEDOM, THE PEOPLE OF THE STATE OF COLORADO FIND AND DECLARE THAT THE  
21 USE OF MARIJUANA SHOULD BE LEGAL FOR PERSONS TWENTY-ONE YEARS OF AGE  
22 OR OLDER AND TAXED IN A MANNER SIMILAR TO ALCOHOL.

23 (b) IN THE INTEREST OF THE HEALTH AND PUBLIC SAFETY OF OUR  
24 CITIZENRY, THE PEOPLE OF THE STATE OF COLORADO FURTHER FIND AND DECLARE  
25 THAT MARIJUANA SHOULD BE REGULATED IN A MANNER SIMILAR TO ALCOHOL SO  
26 THAT:

27 (I) INDIVIDUALS WILL HAVE TO SHOW PROOF OF AGE BEFORE PURCHASING  
28 MARIJUANA;

1 (II) SELLING, DISTRIBUTING, OR TRANSFERRING MARIJUANA TO MINORS  
2 AND OTHER INDIVIDUALS UNDER THE AGE OF TWENTY-ONE SHALL REMAIN  
3 ILLEGAL;

4 (III) DRIVING UNDER THE INFLUENCE OF MARIJUANA SHALL REMAIN  
5 ILLEGAL;

6 (IV) LEGITIMATE, TAXPAYING BUSINESS PEOPLE, AND NOT CRIMINAL  
7 ACTORS, WILL CONDUCT SALES OF MARIJUANA; AND

8 (V) MARIJUANA SOLD IN THIS STATE WILL BE LABELED AND SUBJECT TO  
9 ADDITIONAL REGULATIONS TO ENSURE THAT CONSUMERS ARE INFORMED AND  
10 PROTECTED.

11 (c) IN THE INTEREST OF ENACTING RATIONAL POLICIES FOR THE  
12 TREATMENT OF ALL VARIATIONS OF THE CANNABIS PLANT, THE PEOPLE OF  
13 COLORADO FURTHER FIND AND DECLARE THAT INDUSTRIAL HEMP SHOULD BE  
14 REGULATED SEPARATELY FROM STRAINS OF CANNABIS WITH HIGHER DELTA-9  
15 TETRAHYDROCANNABINOL (THC) CONCENTRATIONS.

16 (d) THE PEOPLE OF THE STATE OF COLORADO FURTHER FIND AND DECLARE  
17 THAT IT IS NECESSARY TO ENSURE CONSISTENCY AND FAIRNESS IN THE  
18 APPLICATION OF THIS SECTION THROUGHOUT THE STATE AND THAT, THEREFORE,  
19 THE MATTERS ADDRESSED BY THIS SECTION ARE, EXCEPT AS SPECIFIED HEREIN,  
20 MATTERS OF STATEWIDE CONCERN.

21 **(2) Definitions.** AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
22 REQUIRES,

23 (a) "COLORADO MEDICAL MARIJUANA CODE" MEANS ARTICLE 43.3 OF  
24 TITLE 12, COLORADO REVISED STATUTES.

25 (b) "CONSUMER" MEANS A PERSON TWENTY-ONE YEARS OF AGE OR OLDER  
26 WHO PURCHASES MARIJUANA OR MARIJUANA PRODUCTS FOR PERSONAL USE BY  
27 PERSONS TWENTY-ONE YEARS OF AGE OR OLDER, BUT NOT FOR RESALE TO OTHERS.

28 (c) "DEPARTMENT" MEANS THE DEPARTMENT OF REVENUE OR ITS  
29 SUCCESSOR AGENCY.

30 (d) "INDUSTRIAL HEMP" MEANS THE PLANT OF THE GENUS CANNABIS AND  
31 ANY PART OF SUCH PLANT, WHETHER GROWING OR NOT, WITH A DELTA-9



1 TETRAHYDROCANNABINOL CONCENTRATION THAT DOES NOT EXCEED THREE-  
2 TENTHS PERCENT ON A DRY WEIGHT BASIS.

3 (e) "LOCALITY" MEANS A COUNTY, MUNICIPALITY, OR CITY AND COUNTY.

4 (f) "MARIJUANA" OR "MARIHUANA" MEANS ALL PARTS OF THE PLANT OF  
5 THE GENUS CANNABIS WHETHER GROWING OR NOT, THE SEEDS THEREOF, THE RESIN  
6 EXTRACTED FROM ANY PART OF THE PLANT, AND EVERY COMPOUND,  
7 MANUFACTURE, SALT, DERIVATIVE, MIXTURE, OR PREPARATION OF THE PLANT, ITS  
8 SEEDS, OR ITS RESIN, INCLUDING MARIHUANA CONCENTRATE. "MARIJUANA" OR  
9 "MARIHUANA" DOES NOT INCLUDE INDUSTRIAL HEMP, NOR DOES IT INCLUDE FIBER  
10 PRODUCED FROM THE STALKS, OIL, OR CAKE MADE FROM THE SEEDS OF THE PLANT,  
11 STERILIZED SEED OF THE PLANT WHICH IS INCAPABLE OF GERMINATION, OR THE  
12 WEIGHT OF ANY OTHER INGREDIENT COMBINED WITH MARIJUANA TO PREPARE  
13 TOPICAL OR ORAL ADMINISTRATIONS, FOOD, DRINK, OR OTHER PRODUCT.

14 (g) "MARIJUANA ACCESSORIES" MEANS ANY EQUIPMENT, PRODUCTS, OR  
15 MATERIALS OF ANY KIND WHICH ARE USED, INTENDED FOR USE, OR DESIGNED FOR  
16 USE IN PLANTING, PROPAGATING, CULTIVATING, GROWING, HARVESTING,  
17 COMPOSTING, MANUFACTURING, COMPOUNDING, CONVERTING, PRODUCING,  
18 PROCESSING, PREPARING, TESTING, ANALYZING, PACKAGING, REPACKAGING,  
19 STORING, VAPORIZING, OR CONTAINING MARIJUANA, OR FOR INGESTING, INHALING,  
20 OR OTHERWISE INTRODUCING MARIJUANA INTO THE HUMAN BODY.

21 (h) "MARIJUANA CULTIVATION FACILITY" MEANS AN ENTITY LICENSED TO  
22 CULTIVATE, PREPARE, AND PACKAGE MARIJUANA AND SELL MARIJUANA TO RETAIL  
23 MARIJUANA STORES, TO MARIJUANA PRODUCT MANUFACTURING FACILITIES, AND  
24 TO OTHER MARIJUANA CULTIVATION FACILITIES, BUT NOT TO CONSUMERS.

25 (i) "MARIJUANA ESTABLISHMENT" MEANS A MARIJUANA CULTIVATION  
26 FACILITY, A MARIJUANA TESTING FACILITY, A MARIJUANA PRODUCT  
27 MANUFACTURING FACILITY, OR A RETAIL MARIJUANA STORE.

28 (j) "MARIJUANA PRODUCT MANUFACTURING FACILITY" MEANS AN ENTITY  
29 LICENSED TO PURCHASE MARIJUANA; MANUFACTURE, PREPARE, AND PACKAGE  
30 MARIJUANA PRODUCTS; AND SELL MARIJUANA AND MARIJUANA PRODUCTS TO  
31 OTHER MARIJUANA PRODUCT MANUFACTURING FACILITIES AND TO RETAIL  
32 MARIJUANA STORES, BUT NOT TO CONSUMERS.

33 (k) "MARIJUANA PRODUCTS" MEANS CONCENTRATED MARIJUANA  
34 PRODUCTS AND MARIJUANA PRODUCTS THAT ARE COMPRISED OF MARIJUANA AND

1 OTHER INGREDIENTS AND ARE INTENDED FOR USE OR CONSUMPTION, SUCH AS, BUT  
2 NOT LIMITED TO, EDIBLE PRODUCTS, OINTMENTS, AND TINCTURES.

3 (l) "MARIJUANA TESTING FACILITY" MEANS AN ENTITY LICENSED TO  
4 ANALYZE AND CERTIFY THE SAFETY AND POTENCY OF MARIJUANA.

5 (m) "MEDICAL MARIJUANA CENTER" MEANS AN ENTITY LICENSED BY A  
6 STATE AGENCY TO SELL MARIJUANA AND MARIJUANA PRODUCTS PURSUANT TO  
7 SECTION 14 OF THIS ARTICLE AND THE COLORADO MEDICAL MARIJUANA CODE.

8 (n) "RETAIL MARIJUANA STORE" MEANS AN ENTITY LICENSED TO  
9 PURCHASE MARIJUANA FROM MARIJUANA CULTIVATION FACILITIES AND  
10 MARIJUANA AND MARIJUANA PRODUCTS FROM MARIJUANA PRODUCT  
11 MANUFACTURING FACILITIES AND TO SELL MARIJUANA AND MARIJUANA PRODUCTS  
12 TO CONSUMERS.

13 (o) "UNREASONABLY IMPRACTICABLE" MEANS THAT THE MEASURES  
14 NECESSARY TO COMPLY WITH THE REGULATIONS REQUIRE SUCH A HIGH  
15 INVESTMENT OF RISK, MONEY, TIME, OR ANY OTHER RESOURCE OR ASSET THAT THE  
16 OPERATION OF A MARIJUANA ESTABLISHMENT IS NOT WORTHY OF BEING CARRIED  
17 OUT IN PRACTICE BY A REASONABLY PRUDENT BUSINESSPERSON.

18 **(3) Personal use of marijuana.** NOTWITHSTANDING ANY OTHER PROVISION OF  
19 LAW, THE FOLLOWING ACTS ARE NOT UNLAWFUL AND SHALL NOT BE AN OFFENSE  
20 UNDER COLORADO LAW OR THE LAW OF ANY LOCALITY WITHIN COLORADO OR BE  
21 A BASIS FOR SEIZURE OR FORFEITURE OF ASSETS UNDER COLORADO LAW FOR  
22 PERSONS TWENTY-ONE YEARS OF AGE OR OLDER:

23 (a) POSSESSING, USING, DISPLAYING, PURCHASING, OR TRANSPORTING  
24 MARIJUANA ACCESSORIES OR ONE OUNCE OR LESS OF MARIJUANA.

25 (b) POSSESSING, GROWING, PROCESSING, OR TRANSPORTING NO MORE  
26 THAN SIX MARIJUANA PLANTS, WITH THREE OR FEWER BEING MATURE, FLOWERING  
27 PLANTS, AND POSSESSION OF THE MARIJUANA PRODUCED BY THE PLANTS ON THE  
28 PREMISES WHERE THE PLANTS WERE GROWN, PROVIDED THAT THE GROWING TAKES  
29 PLACE IN AN ENCLOSED, LOCKED SPACE, IS NOT CONDUCTED OPENLY OR PUBLICLY,  
30 AND IS NOT MADE AVAILABLE FOR SALE.

31 (c) TRANSFER OF ONE OUNCE OR LESS OF MARIJUANA WITHOUT  
32 REMUNERATION TO A PERSON WHO IS TWENTY-ONE YEARS OF AGE OR OLDER.

1 (d) CONSUMPTION OF MARIJUANA, PROVIDED THAT NOTHING IN THIS  
2 SECTION SHALL PERMIT CONSUMPTION THAT IS CONDUCTED OPENLY AND PUBLICLY  
3 OR IN A MANNER THAT ENDANGERS OTHERS.

4 (e) ASSISTING ANOTHER PERSON WHO IS TWENTY-ONE YEARS OF AGE OR  
5 OLDER IN ANY OF THE ACTS DESCRIBED IN PARAGRAPHS (a) THROUGH (d) OF THIS  
6 SUBSECTION.

7 **(4) Lawful operation of marijuana-related facilities.** NOTWITHSTANDING ANY  
8 OTHER PROVISION OF LAW, THE FOLLOWING ACTS ARE NOT UNLAWFUL AND SHALL  
9 NOT BE AN OFFENSE UNDER COLORADO LAW OR BE A BASIS FOR SEIZURE OR  
10 FORFEITURE OF ASSETS UNDER COLORADO LAW FOR PERSONS TWENTY-ONE YEARS  
11 OF AGE OR OLDER:

12 (a) MANUFACTURE, POSSESSION, OR PURCHASE OF MARIJUANA  
13 ACCESSORIES OR THE SALE OF MARIJUANA ACCESSORIES TO A PERSON WHO IS  
14 TWENTY-ONE YEARS OF AGE OR OLDER.

15 (b) POSSESSING, DISPLAYING, OR TRANSPORTING MARIJUANA OR  
16 MARIJUANA PRODUCTS; PURCHASE OF MARIJUANA FROM A MARIJUANA  
17 CULTIVATION FACILITY; PURCHASE OF MARIJUANA OR MARIJUANA PRODUCTS FROM  
18 A MARIJUANA PRODUCT MANUFACTURING FACILITY; OR SALE OF MARIJUANA OR  
19 MARIJUANA PRODUCTS TO CONSUMERS, IF THE PERSON CONDUCTING THE  
20 ACTIVITIES DESCRIBED IN THIS PARAGRAPH HAS OBTAINED A CURRENT, VALID  
21 LICENSE TO OPERATE A RETAIL MARIJUANA STORE OR IS ACTING IN HIS OR HER  
22 CAPACITY AS AN OWNER, EMPLOYEE OR AGENT OF A LICENSED RETAIL MARIJUANA  
23 STORE.

24 (c) CULTIVATING, HARVESTING, PROCESSING, PACKAGING, TRANSPORTING,  
25 DISPLAYING, OR POSSESSING MARIJUANA; DELIVERY OR TRANSFER OF MARIJUANA  
26 TO A MARIJUANA TESTING FACILITY; SELLING MARIJUANA TO A MARIJUANA  
27 CULTIVATION FACILITY, A MARIJUANA PRODUCT MANUFACTURING FACILITY, OR  
28 A RETAIL MARIJUANA STORE; OR THE PURCHASE OF MARIJUANA FROM A  
29 MARIJUANA CULTIVATION FACILITY, IF THE PERSON CONDUCTING THE ACTIVITIES  
30 DESCRIBED IN THIS PARAGRAPH HAS OBTAINED A CURRENT, VALID LICENSE TO  
31 OPERATE A MARIJUANA CULTIVATION FACILITY OR IS ACTING IN HIS OR HER  
32 CAPACITY AS AN OWNER, EMPLOYEE, OR AGENT OF A LICENSED MARIJUANA  
33 CULTIVATION FACILITY.

34 (d) PACKAGING, PROCESSING, TRANSPORTING, MANUFACTURING,  
35 DISPLAYING, OR POSSESSING MARIJUANA OR MARIJUANA PRODUCTS; DELIVERY OR

1 TRANSFER OF MARIJUANA OR MARIJUANA PRODUCTS TO A MARIJUANA TESTING  
2 FACILITY; SELLING MARIJUANA OR MARIJUANA PRODUCTS TO A RETAIL MARIJUANA  
3 STORE OR A MARIJUANA PRODUCT MANUFACTURING FACILITY; THE PURCHASE OF  
4 MARIJUANA FROM A MARIJUANA CULTIVATION FACILITY; OR THE PURCHASE OF  
5 MARIJUANA OR MARIJUANA PRODUCTS FROM A MARIJUANA PRODUCT  
6 MANUFACTURING FACILITY, IF THE PERSON CONDUCTING THE ACTIVITIES  
7 DESCRIBED IN THIS PARAGRAPH HAS OBTAINED A CURRENT, VALID LICENSE TO  
8 OPERATE A MARIJUANA PRODUCT MANUFACTURING FACILITY OR IS ACTING IN HIS  
9 OR HER CAPACITY AS AN OWNER, EMPLOYEE, OR AGENT OF A LICENSED MARIJUANA  
10 PRODUCT MANUFACTURING FACILITY.

11 (e) POSSESSING, CULTIVATING, PROCESSING, REPACKAGING, STORING,  
12 TRANSPORTING, DISPLAYING, TRANSFERRING OR DELIVERING MARIJUANA OR  
13 MARIJUANA PRODUCTS IF THE PERSON HAS OBTAINED A CURRENT, VALID LICENSE  
14 TO OPERATE A MARIJUANA TESTING FACILITY OR IS ACTING IN HIS OR HER  
15 CAPACITY AS AN OWNER, EMPLOYEE, OR AGENT OF A LICENSED MARIJUANA  
16 TESTING FACILITY.

17 (f) LEASING OR OTHERWISE ALLOWING THE USE OF PROPERTY OWNED,  
18 OCCUPIED OR CONTROLLED BY ANY PERSON, CORPORATION OR OTHER ENTITY FOR  
19 ANY OF THE ACTIVITIES CONDUCTED LAWFULLY IN ACCORDANCE WITH  
20 PARAGRAPHS (a) THROUGH (e) OF THIS SUBSECTION.

21 **(5) Regulation of marijuana.**

22 (a) NOT LATER THAN JULY 1, 2013, THE DEPARTMENT SHALL ADOPT  
23 REGULATIONS NECESSARY FOR IMPLEMENTATION OF THIS SECTION. SUCH  
24 REGULATIONS SHALL NOT PROHIBIT THE OPERATION OF MARIJUANA  
25 ESTABLISHMENTS, EITHER EXPRESSLY OR THROUGH REGULATIONS THAT MAKE  
26 THEIR OPERATION UNREASONABLY IMPRACTICABLE. SUCH REGULATIONS SHALL  
27 INCLUDE:

28 (I) PROCEDURES FOR THE ISSUANCE, RENEWAL, SUSPENSION, AND  
29 REVOCATION OF A LICENSE TO OPERATE A MARIJUANA ESTABLISHMENT, WITH  
30 SUCH PROCEDURES SUBJECT TO ALL REQUIREMENTS OF ARTICLE 4 OF TITLE 24 OF  
31 THE COLORADO ADMINISTRATIVE PROCEDURE ACT OR ANY SUCCESSOR  
32 PROVISION;

33 (II) A SCHEDULE OF APPLICATION, LICENSING AND RENEWAL FEES,  
34 PROVIDED, APPLICATION FEES SHALL NOT EXCEED FIVE THOUSAND DOLLARS, WITH  
35 THIS UPPER LIMIT ADJUSTED ANNUALLY FOR INFLATION, UNLESS THE DEPARTMENT

1 DETERMINES A GREATER FEE IS NECESSARY TO CARRY OUT ITS RESPONSIBILITIES  
2 UNDER THIS SECTION, AND PROVIDED FURTHER, AN ENTITY THAT IS LICENSED  
3 UNDER THE COLORADO MEDICAL MARIJUANA CODE TO CULTIVATE OR SELL  
4 MARIJUANA OR TO MANUFACTURE MARIJUANA PRODUCTS AT THE TIME THIS  
5 SECTION TAKES EFFECT AND THAT CHOOSES TO APPLY FOR A SEPARATE  
6 MARIJUANA ESTABLISHMENT LICENSE SHALL NOT BE REQUIRED TO PAY AN  
7 APPLICATION FEE GREATER THAN FIVE HUNDRED DOLLARS TO APPLY FOR A  
8 LICENSE TO OPERATE A MARIJUANA ESTABLISHMENT IN ACCORDANCE WITH THE  
9 PROVISIONS OF THIS SECTION;

10 (III) QUALIFICATIONS FOR LICENSURE THAT ARE DIRECTLY AND  
11 DEMONSTRABLY RELATED TO THE OPERATION OF A MARIJUANA ESTABLISHMENT;

12 (IV) SECURITY REQUIREMENTS FOR MARIJUANA ESTABLISHMENTS;

13 (V) REQUIREMENTS TO PREVENT THE SALE OR DIVERSION OF MARIJUANA  
14 AND MARIJUANA PRODUCTS TO PERSONS UNDER THE AGE OF TWENTY-ONE;

15 (VI) LABELING REQUIREMENTS FOR MARIJUANA AND MARIJUANA  
16 PRODUCTS SOLD OR DISTRIBUTED BY A MARIJUANA ESTABLISHMENT;

17 (VII) HEALTH AND SAFETY REGULATIONS AND STANDARDS FOR THE  
18 MANUFACTURE OF MARIJUANA PRODUCTS AND THE CULTIVATION OF MARIJUANA;

19 (VIII) RESTRICTIONS ON THE ADVERTISING AND DISPLAY OF MARIJUANA  
20 AND MARIJUANA PRODUCTS; AND

21 (IX) CIVIL PENALTIES FOR THE FAILURE TO COMPLY WITH REGULATIONS  
22 MADE PURSUANT TO THIS SECTION.

23 (b) IN ORDER TO ENSURE THE MOST SECURE, RELIABLE, AND ACCOUNTABLE  
24 SYSTEM FOR THE PRODUCTION AND DISTRIBUTION OF MARIJUANA AND MARIJUANA  
25 PRODUCTS IN ACCORDANCE WITH THIS SUBSECTION, IN ANY COMPETITIVE  
26 APPLICATION PROCESS THE DEPARTMENT SHALL HAVE AS A PRIMARY  
27 CONSIDERATION WHETHER AN APPLICANT:

28 (I) HAS PRIOR EXPERIENCE PRODUCING OR DISTRIBUTING MARIJUANA OR  
29 MARIJUANA PRODUCTS PURSUANT TO SECTION 14 OF THIS ARTICLE AND THE  
30 COLORADO MEDICAL MARIJUANA CODE IN THE LOCALITY IN WHICH THE  
31 APPLICANT SEEKS TO OPERATE A MARIJUANA ESTABLISHMENT; AND

1 (II) HAS, DURING THE EXPERIENCE DESCRIBED IN SUBPARAGRAPH (I),  
2 COMPLIED CONSISTANTLY WITH SECTION 14 OF THIS ARTICLE, THE PROVISIONS OF  
3 THE COLORADO MEDICAL MARIJUANA CODE AND CONFORMING REGULATIONS.

4 (c) IN ORDER TO ENSURE THAT INDIVIDUAL PRIVACY IS PROTECTED,  
5 NOTWITHSTANDING PARAGRAPH (a), THE DEPARTMENT SHALL NOT REQUIRE A  
6 CONSUMER TO PROVIDE A RETAIL MARIJUANA STORE WITH PERSONAL  
7 INFORMATION OTHER THAN GOVERNMENT-ISSUED IDENTIFICATION TO DETERMINE  
8 THE CONSUMER'S AGE, AND A RETAIL MARIJUANA STORE SHALL NOT BE REQUIRED  
9 TO ACQUIRE AND RECORD PERSONAL INFORMATION ABOUT CONSUMERS OTHER  
10 THAN INFORMATION TYPICALLY ACQUIRED IN A FINANCIAL TRANSACTION  
11 CONDUCTED AT A RETAIL LIQUOR STORE.

12 (d) THE GENERAL ASSEMBLY SHALL ENACT AN EXCISE TAX TO BE LEVIED  
13 UPON MARIJUANA SOLD OR OTHERWISE TRANSFERRED BY A MARIJUANA  
14 CULTIVATION FACILITY TO A MARIJUANA PRODUCT MANUFACTURING FACILITY OR  
15 TO A RETAIL MARIJUANA STORE AT A RATE NOT TO EXCEED FIFTEEN PERCENT  
16 PRIOR TO JANUARY 1, 2017 AND AT A RATE TO BE DETERMINED BY THE GENERAL  
17 ASSEMBLY THEREAFTER, AND SHALL DIRECT THE DEPARTMENT TO ESTABLISH  
18 PROCEDURES FOR THE COLLECTION OF ALL TAXES LEVIED. PROVIDED, THE FIRST  
19 FORTY MILLION DOLLARS IN REVENUE RAISED ANNUALLY FROM ANY SUCH EXCISE  
20 TAX SHALL BE CREDITED TO THE PUBLIC SCHOOL CAPITAL CONSTRUCTION  
21 ASSISTANCE FUND CREATED BY ARTICLE 43.7 OF TITLE 22, C.R.S., OR ANY  
22 SUCCESSOR FUND DEDICATED TO A SIMILAR PURPOSE. PROVIDED FURTHER, NO  
23 SUCH EXCISE TAX SHALL BE LEVIED UPON MARIJUANA INTENDED FOR SALE AT  
24 MEDICAL MARIJUANA CENTERS PURSUANT TO SECTION 14 OF THIS ARTICLE AND  
25 THE COLORADO MEDICAL MARIJUANA CODE.

26 (e) NOT LATER THAN OCTOBER 1, 2013, EACH LOCALITY SHALL ENACT AN  
27 ORDINANCE OR REGULATION SPECIFYING THE ENTITY WITHIN THE LOCALITY THAT  
28 IS RESPONSIBLE FOR PROCESSING APPLICATIONS SUBMITTED FOR A LICENSE TO  
29 OPERATE A MARIJUANA ESTABLISHMENT WITHIN THE BOUNDARIES OF THE  
30 LOCALITY AND FOR THE ISSUANCE OF SUCH LICENSES SHOULD THE ISSUANCE BY  
31 THE LOCALITY BECOME NECESSARY BECAUSE OF A FAILURE BY THE DEPARTMENT  
32 TO ADOPT REGULATIONS PURSUANT TO PARAGRAPH (a) OR BECAUSE OF A FAILURE  
33 BY THE DEPARTMENT TO PROCESS AND ISSUE LICENSES AS REQUIRED BY  
34 PARAGRAPH (g).

35 (f) A LOCALITY MAY ENACT ORDINANCES OR REGULATIONS, NOT IN  
36 CONFLICT WITH THIS SECTION OR WITH REGULATIONS OR LEGISLATION ENACTED  
37 PURSUANT TO THIS SECTION, GOVERNING THE TIME, PLACE, MANNER AND NUMBER

1 OF MARIJUANA ESTABLISHMENT OPERATIONS; ESTABLISHING PROCEDURES FOR THE  
2 ISSUANCE, SUSPENSION, AND REVOCATION OF A LICENSE ISSUED BY THE LOCALITY  
3 IN ACCORDANCE WITH PARAGRAPH (h) OR (i), SUCH PROCEDURES TO BE SUBJECT  
4 TO ALL REQUIREMENTS OF ARTICLE 4 OF TITLE 24 OF THE COLORADO  
5 ADMINISTRATIVE PROCEDURE ACT OR ANY SUCCESSOR PROVISION; ESTABLISHING  
6 A SCHEDULE OF ANNUAL OPERATING, LICENSING, AND APPLICATION FEES FOR  
7 MARIJUANA ESTABLISHMENTS, PROVIDED, THE APPLICATION FEE SHALL ONLY BE  
8 DUE IF AN APPLICATION IS SUBMITTED TO A LOCALITY IN ACCORDANCE WITH  
9 PARAGRAPH (i) AND A LICENSING FEE SHALL ONLY BE DUE IF A LICENSE IS ISSUED  
10 BY A LOCALITY IN ACCORDANCE WITH PARAGRAPH (h) OR (i); AND ESTABLISHING  
11 CIVIL PENALTIES FOR VIOLATION OF AN ORDINANCE OR REGULATION GOVERNING  
12 THE TIME, PLACE, AND MANNER OF A MARIJUANA ESTABLISHMENT THAT MAY  
13 OPERATE IN SUCH LOCALITY. A LOCALITY MAY PROHIBIT THE OPERATION OF  
14 MARIJUANA CULTIVATION FACILITIES, MARIJUANA PRODUCT MANUFACTURING  
15 FACILITIES, MARIJUANA TESTING FACILITIES, OR RETAIL MARIJUANA STORES  
16 THROUGH THE ENACTMENT OF AN ORDINANCE OR THROUGH AN INITIATED OR  
17 REFERRED MEASURE; PROVIDED, ANY INITIATED OR REFERRED MEASURE TO  
18 PROHIBIT THE OPERATION OF MARIJUANA CULTIVATION FACILITIES, MARIJUANA  
19 PRODUCT MANUFACTURING FACILITIES, MARIJUANA TESTING FACILITIES, OR  
20 RETAIL MARIJUANA STORES MUST APPEAR ON A GENERAL ELECTION BALLOT  
21 DURING AN EVEN NUMBERED YEAR.

22 (g) EACH APPLICATION FOR AN ANNUAL LICENSE TO OPERATE A  
23 MARIJUANA ESTABLISHMENT SHALL BE SUBMITTED TO THE DEPARTMENT. THE  
24 DEPARTMENT SHALL:

25 (I) BEGIN ACCEPTING AND PROCESSING APPLICATIONS ON OCTOBER 1, 2013;

26 (II) IMMEDIATELY FORWARD A COPY OF EACH APPLICATION AND HALF OF  
27 THE LICENSE APPLICATION FEE TO THE LOCALITY IN WHICH THE APPLICANT DESIRES  
28 TO OPERATE THE MARIJUANA ESTABLISHMENT;

29 (III) ISSUE AN ANNUAL LICENSE TO THE APPLICANT BETWEEN FORTY-FIVE  
30 AND NINETY DAYS AFTER RECEIPT OF AN APPLICATION UNLESS THE DEPARTMENT  
31 FINDS THE APPLICANT IS NOT IN COMPLIANCE WITH REGULATIONS ENACTED  
32 PURSUANT TO PARAGRAPH (a) OR THE DEPARTMENT IS NOTIFIED BY THE RELEVANT  
33 LOCALITY THAT THE APPLICANT IS NOT IN COMPLIANCE WITH ORDINANCES AND  
34 REGULATIONS MADE PURSUANT TO PARAGRAPH (f) AND IN EFFECT AT THE TIME OF  
35 APPLICATION, PROVIDED, WHERE A LOCALITY HAS ENACTED A NUMERICAL LIMIT  
36 ON THE NUMBER OF MARIJUANA ESTABLISHMENTS AND A GREATER NUMBER OF  
37 APPLICANTS SEEK LICENSES, THE DEPARTMENT SHALL SOLICIT AND CONSIDER

1 INPUT FROM THE LOCALITY AS TO THE LOCALITY'S PREFERENCE OR PREFERENCES  
2 FOR LICENSURE; AND

3 (IV) UPON DENIAL OF AN APPLICATION, NOTIFY THE APPLICANT IN WRITING  
4 OF THE SPECIFIC REASON FOR ITS DENIAL.

5 (h) IF THE DEPARTMENT DOES NOT ISSUE A LICENSE TO AN APPLICANT  
6 WITHIN NINETY DAYS OF RECEIPT OF THE APPLICATION FILED IN ACCORDANCE WITH  
7 PARAGRAPH (g) AND DOES NOT NOTIFY THE APPLICANT OF THE SPECIFIC REASON  
8 FOR ITS DENIAL, IN WRITING AND WITHIN SUCH TIME PERIOD, OR IF THE  
9 DEPARTMENT HAS ADOPTED REGULATIONS PURSUANT TO PARAGRAPH (a) AND HAS  
10 ACCEPTED APPLICATIONS PURSUANT TO PARAGRAPH (g) BUT HAS NOT ISSUED ANY  
11 LICENSES BY JANUARY 1, 2014, THE APPLICANT MAY RESUBMIT ITS APPLICATION  
12 DIRECTLY TO THE LOCALITY, PURSUANT TO PARAGRAPH (e), AND THE LOCALITY  
13 MAY ISSUE AN ANNUAL LICENSE TO THE APPLICANT. A LOCALITY ISSUING A  
14 LICENSE TO AN APPLICANT SHALL DO SO WITHIN NINETY DAYS OF RECEIPT OF THE  
15 RESUBMITTED APPLICATION UNLESS THE LOCALITY FINDS AND NOTIFIES THE  
16 APPLICANT THAT THE APPLICANT IS NOT IN COMPLIANCE WITH ORDINANCES AND  
17 REGULATIONS MADE PURSUANT TO PARAGRAPH (f) IN EFFECT AT THE TIME THE  
18 APPLICATION IS RESUBMITTED AND THE LOCALITY SHALL NOTIFY THE DEPARTMENT  
19 IF AN ANNUAL LICENSE HAS BEEN ISSUED TO THE APPLICANT. IF AN APPLICATION  
20 IS SUBMITTED TO A LOCALITY UNDER THIS PARAGRAPH, THE DEPARTMENT SHALL  
21 FORWARD TO THE LOCALITY THE APPLICATION FEE PAID BY THE APPLICANT TO THE  
22 DEPARTMENT UPON REQUEST BY THE LOCALITY. A LICENSE ISSUED BY A LOCALITY  
23 IN ACCORDANCE WITH THIS PARAGRAPH SHALL HAVE THE SAME FORCE AND EFFECT  
24 AS A LICENSE ISSUED BY THE DEPARTMENT IN ACCORDANCE WITH PARAGRAPH (g)  
25 AND THE HOLDER OF SUCH LICENSE SHALL NOT BE SUBJECT TO REGULATION OR  
26 ENFORCEMENT BY THE DEPARTMENT DURING THE TERM OF THAT LICENSE.  
27 A SUBSEQUENT OR RENEWED LICENSE MAY BE ISSUED UNDER THIS PARAGRAPH ON  
28 AN ANNUAL BASIS ONLY UPON RESUBMISSION TO THE LOCALITY OF A NEW  
29 APPLICATION SUBMITTED TO THE DEPARTMENT PURSUANT TO PARAGRAPH (g).  
30 NOTHING IN THIS PARAGRAPH SHALL LIMIT SUCH RELIEF AS MAY BE AVAILABLE TO  
31 AN AGGRIEVED PARTY UNDER SECTION 24-4-104, C.R.S., OF THE COLORADO  
32 ADMINISTRATIVE PROCEDURE ACT OR ANY SUCCESSOR PROVISION.

33 (i) IF THE DEPARTMENT DOES NOT ADOPT REGULATIONS REQUIRED BY  
34 PARAGRAPH (a), AN APPLICANT MAY SUBMIT AN APPLICATION DIRECTLY TO A  
35 LOCALITY AFTER OCTOBER 1, 2013 AND THE LOCALITY MAY ISSUE AN ANNUAL  
36 LICENSE TO THE APPLICANT. A LOCALITY ISSUING A LICENSE TO AN APPLICANT  
37 SHALL DO SO WITHIN NINETY DAYS OF RECEIPT OF THE APPLICATION UNLESS IT  
38 FINDS AND NOTIFIES THE APPLICANT THAT THE APPLICANT IS NOT IN COMPLIANCE



1 WITH ORDINANCES AND REGULATIONS MADE PURSUANT TO PARAGRAPH (f) IN  
2 EFFECT AT THE TIME OF APPLICATION AND SHALL NOTIFY THE DEPARTMENT IF AN  
3 ANNUAL LICENSE HAS BEEN ISSUED TO THE APPLICANT. A LICENSE ISSUED BY A  
4 LOCALITY IN ACCORDANCE WITH THIS PARAGRAPH SHALL HAVE THE SAME FORCE  
5 AND EFFECT AS A LICENSE ISSUED BY THE DEPARTMENT IN ACCORDANCE WITH  
6 PARAGRAPH (g) AND THE HOLDER OF SUCH LICENSE SHALL NOT BE SUBJECT TO  
7 REGULATION OR ENFORCEMENT BY THE DEPARTMENT DURING THE TERM OF THAT  
8 LICENSE. A SUBSEQUENT OR RENEWED LICENSE MAY BE ISSUED UNDER THIS  
9 PARAGRAPH ON AN ANNUAL BASIS IF THE DEPARTMENT HAS NOT ADOPTED  
10 REGULATIONS REQUIRED BY PARAGRAPH (a) AT LEAST NINETY DAYS PRIOR TO THE  
11 DATE UPON WHICH SUCH SUBSEQUENT OR RENEWED LICENSE WOULD BE EFFECTIVE  
12 OR IF THE DEPARTMENT HAS ADOPTED REGULATIONS PURSUANT TO PARAGRAPH  
13 (a) BUT HAS NOT, AT LEAST NINETY DAYS AFTER THE ADOPTION OF SUCH  
14 REGULATIONS, ISSUED LICENSES PURSUANT TO PARAGRAPH (g).

15 (j) NOT LATER THAN JULY 1, 2014, THE GENERAL ASSEMBLY SHALL ENACT  
16 LEGISLATION GOVERNING THE CULTIVATION, PROCESSING AND SALE OF  
17 INDUSTRIAL HEMP.

18 **(6) Employers, driving, minors and control of property.**

19 (a) NOTHING IN THIS SECTION IS INTENDED TO REQUIRE AN EMPLOYER TO  
20 PERMIT OR ACCOMMODATE THE USE, CONSUMPTION, POSSESSION, TRANSFER,  
21 DISPLAY, TRANSPORTATION, SALE OR GROWING OF MARIJUANA IN THE WORKPLACE  
22 OR TO AFFECT THE ABILITY OF EMPLOYERS TO HAVE POLICIES RESTRICTING THE  
23 USE OF MARIJUANA BY EMPLOYEES.

24 (b) NOTHING IN THIS SECTION IS INTENDED TO ALLOW DRIVING UNDER THE  
25 INFLUENCE OF MARIJUANA OR DRIVING WHILE IMPAIRED BY MARIJUANA OR TO  
26 SUPERSEDE STATUTORY LAWS RELATED TO DRIVING UNDER THE INFLUENCE OF  
27 MARIJUANA OR DRIVING WHILE IMPAIRED BY MARIJUANA, NOR SHALL THIS SECTION  
28 PREVENT THE STATE FROM ENACTING AND IMPOSING PENALTIES FOR DRIVING  
29 UNDER THE INFLUENCE OF OR WHILE IMPAIRED BY MARIJUANA.

30 (c) NOTHING IN THIS SECTION IS INTENDED TO PERMIT THE TRANSFER OF  
31 MARIJUANA, WITH OR WITHOUT REMUNERATION, TO A PERSON UNDER THE AGE OF  
32 TWENTY-ONE OR TO ALLOW A PERSON UNDER THE AGE OF TWENTY-ONE TO  
33 PURCHASE, POSSESS, USE, TRANSPORT, GROW, OR CONSUME MARIJUANA.

34 (d) NOTHING IN THIS SECTION SHALL PROHIBIT A PERSON, EMPLOYER,  
35 SCHOOL, HOSPITAL, DETENTION FACILITY, CORPORATION OR ANY OTHER ENTITY

1 WHO OCCUPIES, OWNS OR CONTROLS A PROPERTY FROM PROHIBITING OR  
2 OTHERWISE REGULATING THE POSSESSION, CONSUMPTION, USE, DISPLAY,  
3 TRANSFER, DISTRIBUTION, SALE, TRANSPORTATION, OR GROWING OF MARIJUANA  
4 ON OR IN THAT PROPERTY.

5 **(7) Medical marijuana provisions unaffected.** NOTHING IN THIS SECTION SHALL  
6 BE CONSTRUED:

7 (a) TO LIMIT ANY PRIVILEGES OR RIGHTS OF A MEDICAL MARIJUANA  
8 PATIENT, PRIMARY CAREGIVER, OR LICENSED ENTITY AS PROVIDED IN SECTION 14  
9 OF THIS ARTICLE AND THE COLORADO MEDICAL MARIJUANA CODE;

10 (b) TO PERMIT A MEDICAL MARIJUANA CENTER TO DISTRIBUTE MARIJUANA  
11 TO A PERSON WHO IS NOT A MEDICAL MARIJUANA PATIENT;

12 (c) TO PERMIT A MEDICAL MARIJUANA CENTER TO PURCHASE MARIJUANA  
13 OR MARIJUANA PRODUCTS IN A MANNER OR FROM A SOURCE NOT AUTHORIZED  
14 UNDER THE COLORADO MEDICAL MARIJUANA CODE;

15 (d) TO PERMIT ANY MEDICAL MARIJUANA CENTER LICENSED PURSUANT TO  
16 SECTION 14 OF THIS ARTICLE AND THE COLORADO MEDICAL MARIJUANA CODE TO  
17 OPERATE ON THE SAME PREMISES AS A RETAIL MARIJUANA STORE; OR

18 (e) TO DISCHARGE THE DEPARTMENT, THE COLORADO BOARD OF HEALTH,  
19 OR THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT FROM  
20 THEIR STATUTORY AND CONSTITUTIONAL DUTIES TO REGULATE MEDICAL  
21 MARIJUANA PURSUANT TO SECTION 14 OF THIS ARTICLE AND THE COLORADO  
22 MEDICAL MARIJUANA CODE.

23 **(8) Self-executing, severability, conflicting provisions.** ALL PROVISIONS OF  
24 THIS SECTION ARE SELF-EXECUTING EXCEPT AS SPECIFIED HEREIN, ARE SEVERABLE,  
25 AND, EXCEPT WHERE OTHERWISE INDICATED IN THE TEXT, SHALL SUPERSEDE  
26 CONFLICTING STATE STATUTORY, LOCAL CHARTER, ORDINANCE, OR RESOLUTION,  
27 AND OTHER STATE AND LOCAL PROVISIONS.

28 **(9) Effective date.** UNLESS OTHERWISE PROVIDED BY THIS SECTION, ALL  
29 PROVISIONS OF THIS SECTION SHALL BECOME EFFECTIVE UPON OFFICIAL  
30 DECLARATION OF THE VOTE HEREON BY PROCLAMATION OF THE GOVERNOR,  
31 PURSUANT TO SECTION 1(4) OF ARTICLE V.

Thank you Mr. Chairman and committee members for allowing me to submit written testimony regarding this act concerning the Kansas criminal justice coordinating council; relating to the substance abuse policy board; membership and duties; amending K.S.A. 74-9501 and repealing the existing section.

On page 1, line 30

(2) Define and analyze issues and processes in the criminal justice system, identify alternative solutions and make recommendations for improvements.

I have attached a powerpoint concerning Behavioral health and the Controlled Substances Act for the purpose of identifying alternative solutions and recommendations for improvement;

On page 2, line 26

(8) (A) Establish the.....therapeutic courts. Amended from;

(8) (A) Establish the substance abuse policy board to consult and advise the council concerning issues and policies pertaining to the treatment, sentencing, rehabilitation and supervision of substance abuse offenders. The board shall specifically analyze and study driving under the influence and the use of drug courts by other states.

Adding , "treatment for substance abuse while in custody" "and other therapeutic courts", would provide a mechanism for study and analysis into practices that would allow unlicensed Doctors and 'by the book-rule of law' taught grunts going for cumulative diagnosis criteria to be able to treat with synthetic, sometimes black-boxed atypical drugs by use of force and through virtual telehealth means with the excuse being public safety. Inalienable rights are no longer a priority if these practices are put into place regarding certain naturally occurring substances. Being hard on crime is not quick dips and sanctions, technical violations or Moral Reconation Therapy. It is a standard of care that starts with the family and no amount of government intervention before during or after conception will ever preserve liberty in our Republic. Having said that, if individuals do not wish to make safe families, then the government, to preserve peace, must intervene and incapacitate nefarious actors for a known and followed time.

Thank You  
Nick Reinecker




# Behavioral Health

The Good, The Bad and The Political

Nick Reinecker

Supplement to SB 89 February 22, 2019 Senate Judiciary Chair: Sen. Wilborn

# Psychiatrist Bible: Diagnostic and Statistical Manual (DSM) of Mental Disorders

- ▶ Cause of mental illness
    - ▶ Chemical Imbalance vs popular vote vs other
  - ▶ Man's solution
    - ▶ DSM-I and DSM-II
      - ▶ Homosexuality
        - ▶ Removed on vote
          - ▶ Political reasons?
  - ▶ Kansas Regulations Adopted
- 
- ▶ What can we do to make this billable?
    - ▶ Invent mental illnesses?
  - ▶ 1970's
    - ▶ Psychiatry
      - ▶ Practice medicine
        - ▶ DSM-III
          - ▶ 1980
          - ▶ No Freudian
          - ▶ Provocative Question
            - ▶ Shout loud
            - ▶ Diagnosis



# Diagnostic and Statistical Manual fifth edition: Issues

- ▶ Substance Induced Disorders
    - ▶ Intoxication
    - ▶ Withdrawal
    - ▶ Substance-Induced Mental Illness
  - ▶ Substance Use Disorder: 11 criteria and severity
  - ▶ Combines DSM-IV categories of substance dependence (addiction marked by a pattern of compulsive use or loss of control)
  - ▶ Substance abuse disorders (using in a manner that causes problems but does not have a pattern of compulsive use)
  - ▶ 2011 definition ASAM is consistent with DSM IV Society of Addiction Medicine
- ▶ DSM-IV
    - ▶ Based on idea that there is a DIFFERENCE IN KIND between substance abuse and dependence/addiction
    - ▶ DSM-V inconsistent
      - ▶ Based upon idea that there is only A DIFFERENCE IN DEGREE between abuse and addiction based on number of symptoms.
  - ▶ THIS CRITICAL DIFFERENCE IS ALSO A BREAK IN THE PROGRESSIVE DEVELOPMENT OF THE FUNDAMENTAL CONCEPT OF ADDICTION BEGINNING WITH DSM-III

# 11 Criteria for SUD/Severity/Remission

- Larger amounts
- Desire to stop
- Time
- Cravings
- Life management
- Relationships
- Activities
- Danger
- Worsening conditions
- Tolerance
- Withdrawal
- Severity
  - Mild: Two or three
  - Moderate: Four or five
  - Severe: Six or more
- Remission
  - Early
  - Sustained
  - On maintenance therapy
  - Controlled environment
- ICD-10



28,000 psychiatrists to 350,000,000  
citizens

# Forbes

Feb 25, 2018, 09:30am  
**Psychiatrist Shortage Escalates As U.S.  
Mental Health Needs Grow**

[Bruce Japsen](#) Senior Contributor  
[Pharma & Healthcare](#)





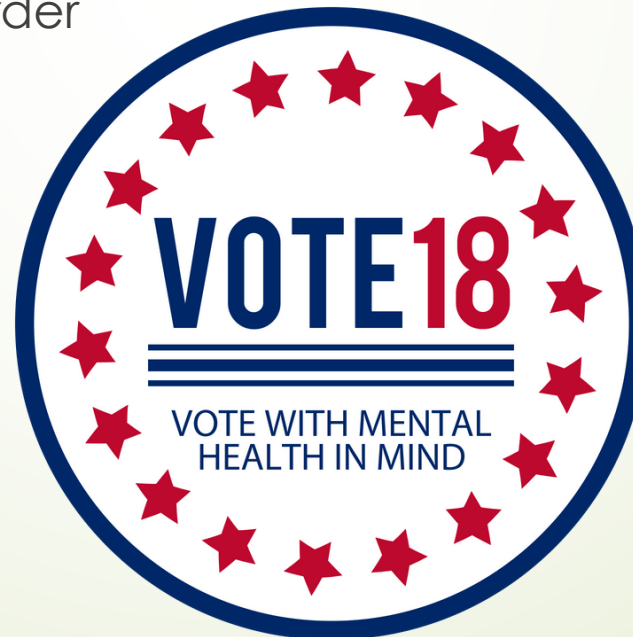
# Icebreaker: Voting for Your Brain-You Decide!

Should be DSM-VI Diagnosis?

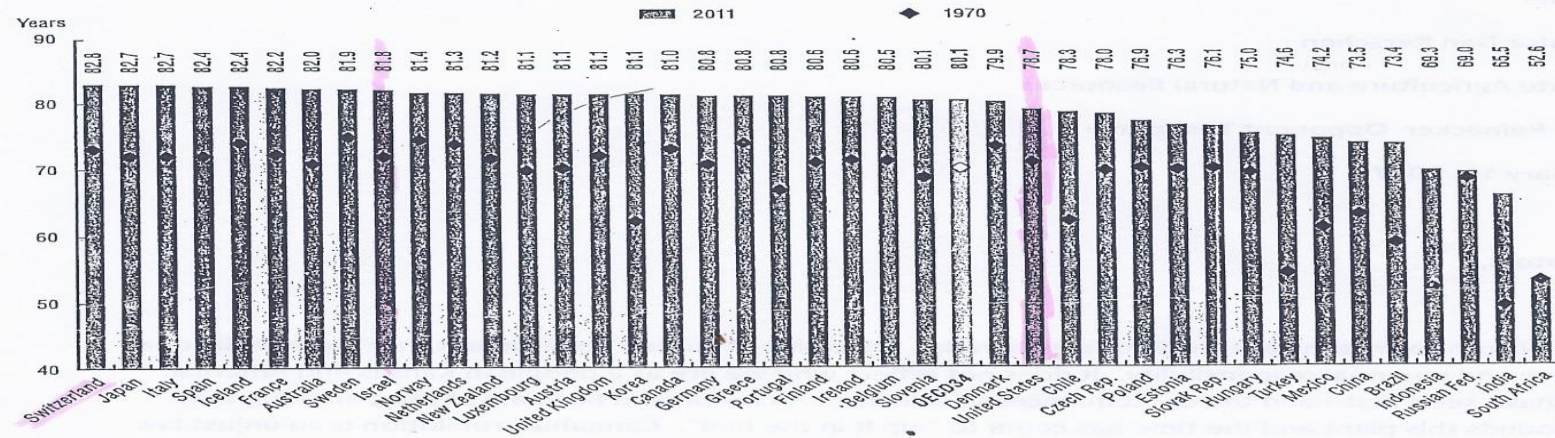
- Politics Use Disorder
- Internet Use Disorder
- Caffeine Use Disorder

Should be Controlled Substance?

- Alcohol
- Tobacco
- Coffee
- Sugar



1.1.1. Life expectancy at birth, 1970 and 2011 (or nearest year)

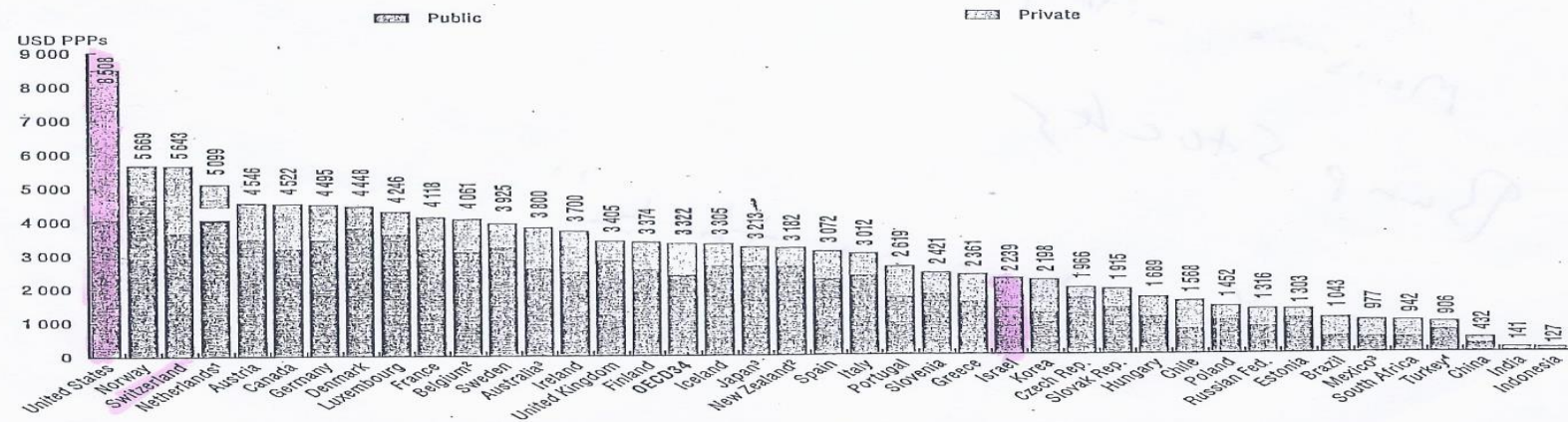


Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; World Bank for non-OECD countries.

7. HEALTH EXPENDITURE AND FINANCING

7.1. Health expenditure per capita

7.1.1. Health expenditure per capita, 2011 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Current health expenditure.
3. Data refers to 2010.
4. Data refers to 2008.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; WHO Global Health Expenditure Database. StatLink <http://dx.doi.org/10.1787/888932918833>



# Current Practices, Best Practices and Constitutional Practices

- ▶ Black-Boxed anti-psychotic prescribing
  - ▶ Taxpayer funded
    - ▶ Nursing Home inspections
    - ▶ Foster Care System
- ▶ Kansas families and Agriculture
  - ▶ Veterans
  - ▶ Identity Politics
    - ▶ Saber-rattling





# Food Drugs and the Administration Thereof

- ▶ Government Use of Force
  - ▶ Constitutional Republic
    - ▶ Home Rule
      - ▶ Faith Family and Freedom
- ▶ Spotlight on Methamphetamine, Benzodiazepenes, and exempt substances.
- ▶ What constitutes a crime when involving potential inalienable rights
  - ▶ Life
    - ▶ Access to Food and Drugs?



## First Quarter 2015 Kansas Medicaid Antipsychotic Prescribing

	Script Count by Prescriber							Number of prescribers	
	Unique Members	Total Script Count	Mid-level practioner (psychiatric specialty)	Mid-level practioner (non-psychiatric specialty)	Physician	Psychiatrist	Specialty Non-specified	1 provider	2+ providers
Adults (≥ 18 years old) on 3 or more antipsychotics (Typical & Atypical) > 60 days	176	1651	160 (9.7%)	117 (7.1%)	298 (18%)	733 (44.4%)	343 (20.8%)	97	
Children (<18 years old) on 2 or more antipsychotics (Typical & Atypical) > 60 days	451	2801	369 (13.2%)	138 (4.9%)	322 (11.5%)	1335 (47.7%)	637 (22.7%)	306	
Children (<6 years old) on at least 1 Atypical antipsychotic	284	673	105 (15.6%)	92 (13.7%)	140 (20.8%)	289 (42.9%)	47 (7%)	N/A	
Children (7-13 years old) on at least 1 Atypical antipsychotic	2152	5814	1363 (23.4%)	739 (12.7%)	1132 (19.5%)	2512 (43.2%)	68 (1.2%)	N/A	

KDHE  
KDAOS  
KDCF

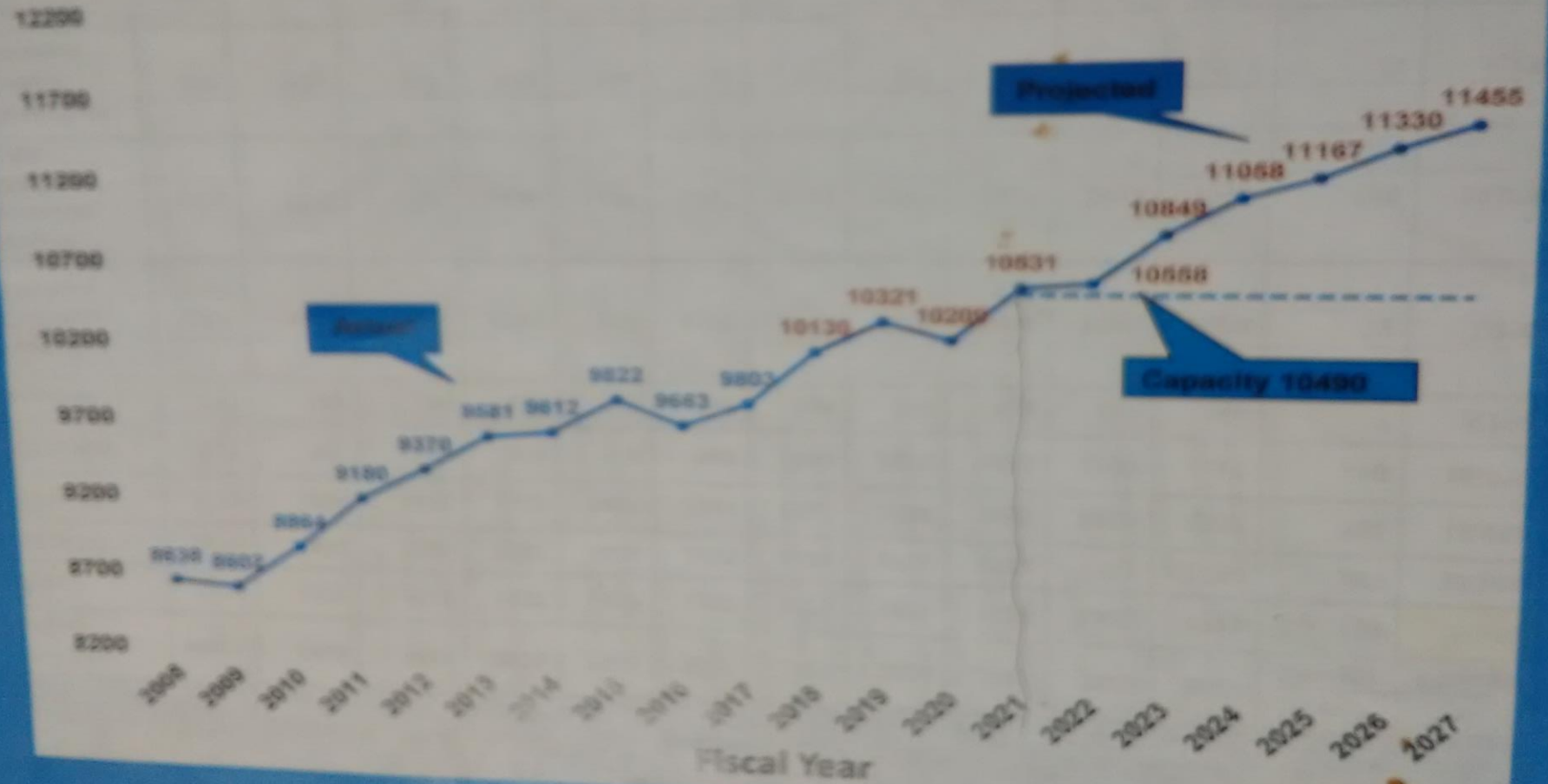


## FY 2018 PRISON POPULATION PROJECTION BY OFFENDER GROUP

Offender Group	2017*	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	# Change	% Change
Male	1475	1570	1632	1537	1659	1687	1779	1811	1829	1862	1912	+ 437	29.6%
Female	2488	2484	2826	2887	2606	2620	2691	2711	2748	2781	2842	354	14.2%
N1 to N3	1715	1818	1871	1872	1897	1844	1904	1984	1985	2018	2037	322	18.8%
N4 to N6	957	981	985	873	966	965	1034	1047	1085	1100	1117	160	16.7%
N7 to N10	137	168	138	154	160	139	163	161	156	167	144	7	5.1%
Sanction	1004	1054	1064	1052	1077	1072	1038	1078	1084	1085	1076	72	7.2%
Probation Condition Violators	1360	1377	1413	1446	1480	1517	1544	1569	1575	1602	1618	258	19.0%
Outgrid Including Old Law Life	547	528	542	540	541	573	557	559	569	580	576	29	5.3%
Parole/Post Release Violators	153	150	150	148	145	141	139	138	136	135	133	-20	-13.1%
Old Law Inmates	9803	10130	10321	10209	10531	10558	10849	11058	11167	11330	11455	1652	16.9%

\* Actual prison population on June 30, 2017.

### Kansas Prison Population - Actual and Projected





# Incarceration: To incapacitate and punish

## Current

- ▶ Correctional Officer turnover
- ▶ Mass Incarceration
- ▶ Morale
- ▶ Priority
  - ▶ K2 over wall
    - ▶ Norwood testimony
- ▶ Prohibition making seasoned criminals

## Alternative Option

- ▶ Drug cartels
  - ▶ Eliminate/cripple
- ▶ Court system
  - ▶ Alleviate pressure
- ▶ Public Safety vs Public Health
  - ▶ No-brainer
  - ▶ LE focus on sex crimes, burglaries and synthetic CSA violators





# Recidivism, Recidivating, Recidivate

## Association of State Correctional Administrators

### ➤ Possession

#### ➤ New Crime

- Like three technical violations

- Not smart OR tough on crime

- Change what is crime

- Broken Window

- Community Based Solutions

- Cannabis

### ➤ Not a good definition

- Not a good practice

- Deceptive to public

### ➤ Use

#### ➤ Technical Violation

- Positive Urinalysis

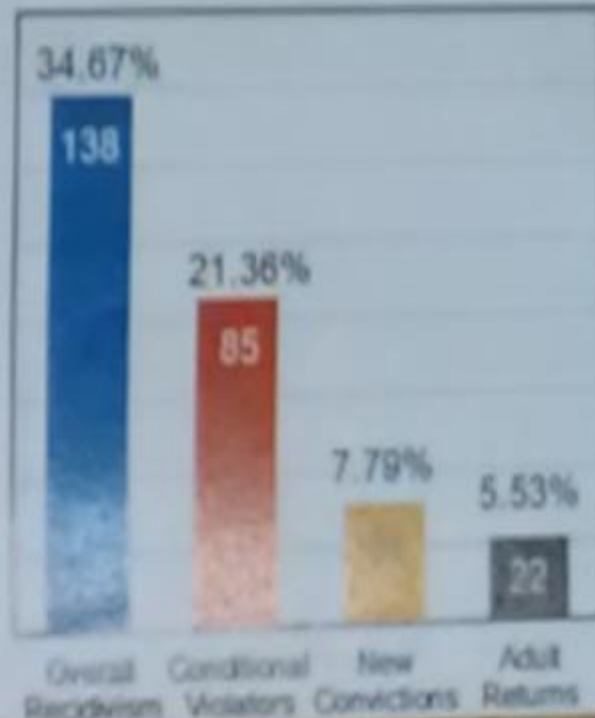
- Not showing up

- Missing payment

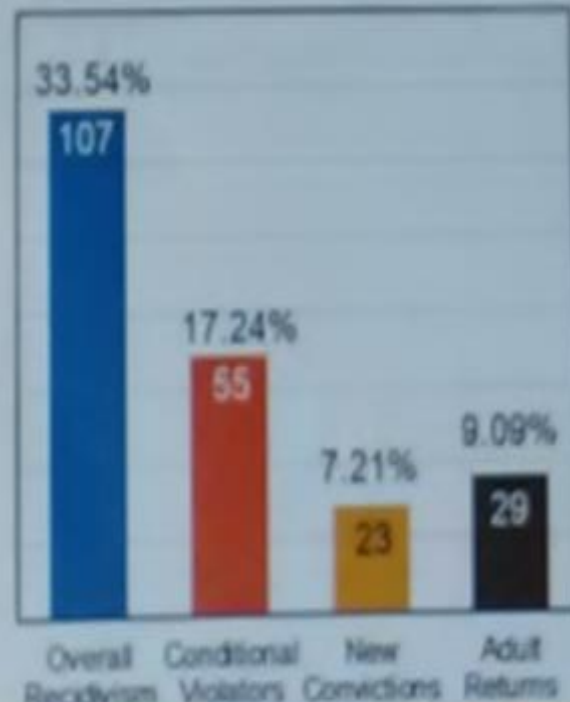
# JUVENILE CORRECTIONAL FACILITY | Recidivism

Recidivism counting rules are based on the Association of State Correctional Administrators (ASCA) defined parameters as measured on a 12-month calendar year.

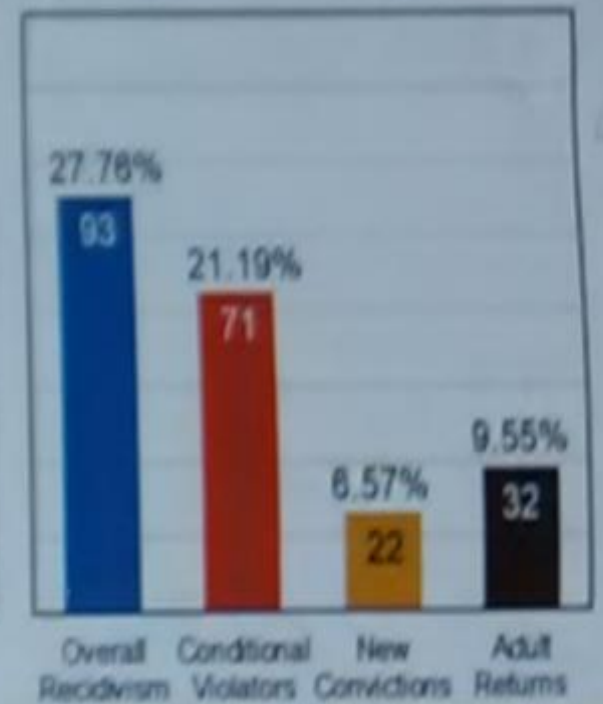
**CY 2012**  
(Total Released: 398)




**CY 2013**  
(Total Released: 319)



**CY 2014**  
(Total Released: 335)





# Current (psycho-active)\* lobbyist groups affecting public policy

- ▶ Altria Client Services LLC (3)
- ▶ Annheuser-Busch Companies (5)
- ▶ Artisan distillers of Kansas (1)
- ▶ Cigar Association of America (2)
- ▶ Craft Brewers Guild of Kansas (1)
- ▶ Distilled Spirits Council of U.S. (1)
- ▶ General Cigar (1)
- ▶ Kansas Assoc. of Bev. Retailers (1)
- ▶ Kansas Beer Wholesalers Assoc. (3)
- ▶ Standard Beverage (1)
- ▶ Swisher International (1)
- ▶ Kansas Beverage Assoc. (5)
- ▶ Kansas Grape Growers and Winemakers Assoc. (1)
- ▶ Kansas Homebrewers Alliance (1)
- ▶ Kansas Licensed Bev. Assoc. (1)
- ▶ Kansas Vapors Association (1)
- ▶ Kansas Wine and Spirits Wholesalers Association (1)
- ▶ Lukas Wine and Spirits (1)
- ▶ RAI Services Co. (7)
- ▶ Southern Glazer's Wine and Spirits (1)
- ▶ Wine Institute (1)

Does not include pharmaceuticals \*Exempt CSA Fos B expression



# Lobbyists Continued

- ▶ Little Government Relations

- ▶ Kansas Community Corrections Assoc.

- ▶ Johnson County Gov.

- ▶ ACMHC

- ▶ Central Kansas Foundation

- ▶ City of Lenexa, Merriam

- ▶ KAAP

- ▶ Community Bankers Association

- ▶ “Special interests drive a lot of trains under this dome” –Senator Holland Capitol Insider Jan 2019

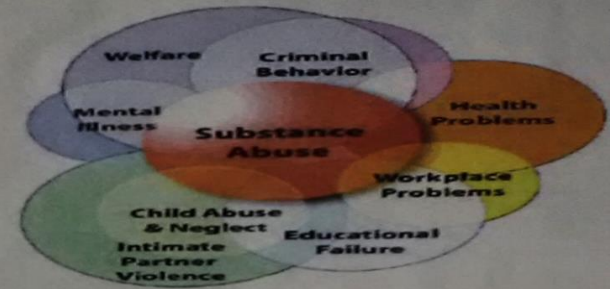


## SUBSTANCE ABUSE: IMPACT OF UNMET NEED IN KANSAS

### Substance Abuse Is Everybody's Problem

#### Recent Statistics:

- 35,622 arrests for substance use
- 16,645 adult substance abuse hospitalizations
- 3,393 alcohol-related motor vehicle accidents
- 965 alcohol and drug-related deaths
- 408 substance related involuntary commitments
- 9,131 youth in out-of-home placements
- 1,679 HIV/AIDS cases



### Most Substance Abusers Do Not Receive The Services They Need

The Kansas Comprehensive Needs Assessment estimated that 63,500 adults and 7,000 adolescents needed treatment and were eligible for SRS/AAPS-funded services. In Fiscal Year 2005 Addiction and Prevention Services served 12,791 people.

### Substance Abuse Is Costly

Guest Check		Number Guests
Server	Table	
State Budget	Kansas	225,155
Health		\$88 M
Adult and Juvenile Corrections		\$185 M
Child Welfare		\$56 M
Income Assistance		\$12 M
Education		\$161 M
Mental Health Treatment and Support		\$50 M
Public Safety		\$6 M
State Workforce		\$5 M
Prevention, Treatment, and Research		\$8 M
Other		\$12 M
<b>Total</b>		<b>\$583 M</b>

"No other single issue impacts more areas of government than alcohol and other drug problems and none is more destructive to state budgets."

Luceille Fleming, former Director, Ohio Department of Alcohol and Drug Addiction Services, *Blueprint for the States*, 2006.

The cost to the Kansas state budget is over \$583 million per year.

Source: *Shoveling Up: The Impact of Substance Abuse On State Budgets*. The National Center on Addiction and Substance Abuse at Columbia University, 2001.

### Treatment Works And It Saves Money

- Treatment reduces drug use, criminal activity, and psychiatric distress by 50% (SAMHSA, 2006).
- Every \$1 invested in substance abuse treatment saves \$7 (Ettner et al., 2006).
- Incarceration is nearly 1.8 times as expensive as residential treatment (Daley et al., 2004).

### How Can We Reduce The Cost Of Substance Abuse To Society?

- Keep mandating and funding treatment
- Intervene early, treat families, and help those who are not in the treatment system
- Change "kids will be kids" culture to delay onset of drinking and drug use



# Definitions Per Google Search

- ▶ Deception
  - ▶ (of a person) cause (someone) to believe something that is not true, typically in order to gain some personal advantage
- ▶ Terror
  - ▶ Extremely unpleasant emotion caused by the belief that someone or something is dangerous likely to cause pain, or a threat
- ▶ Cannabis
  - ▶ The hemp plant
- ▶ Compassion
  - ▶ Sympathetic pity and concern for the sufferings or misfortunes of others
- ▶ Consistent
  - ▶ acting or done in the same way over time, especially so as to be fair or accurate.

# Law Enforcement Priorities Vs Legislative Intent Vs Criminal Intent

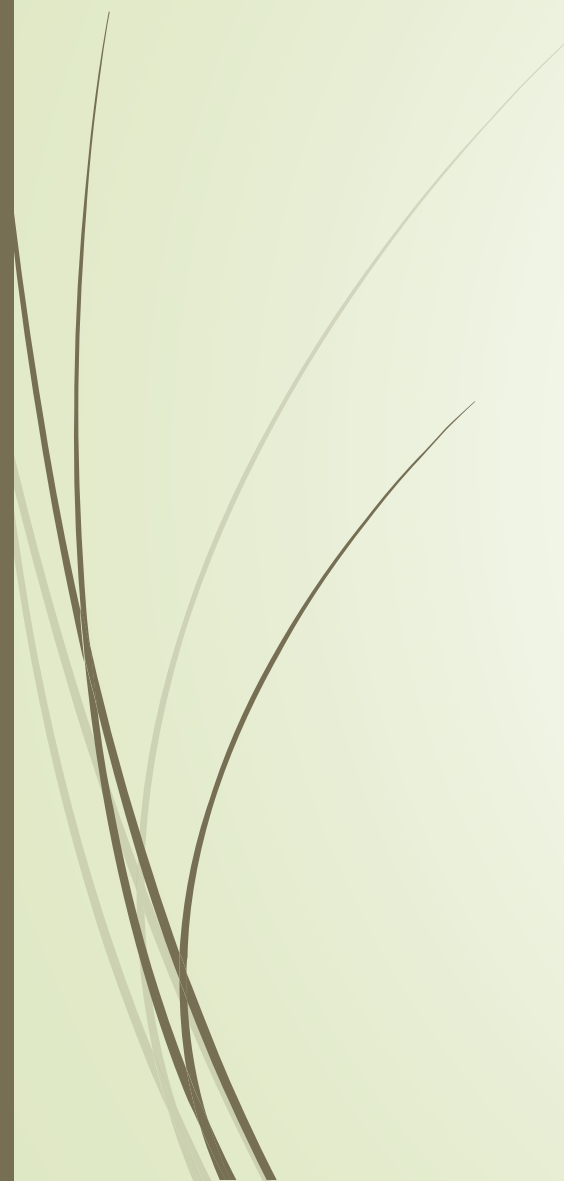
Official Dealers and Buyers



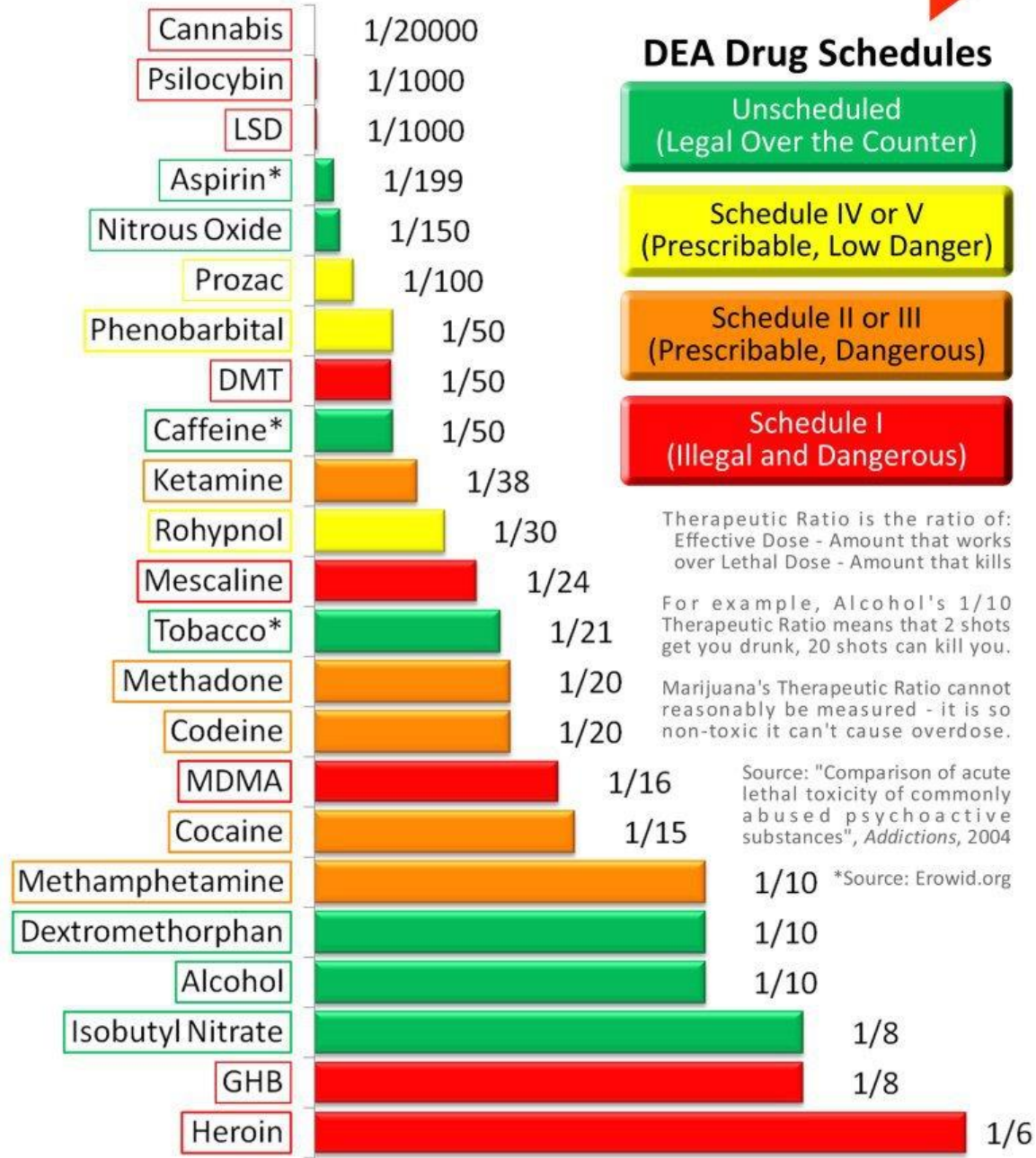
Newton Chamber of Commerce  
with Newton PD and Harvey  
County Sheriff







Very Non-Toxic      Getting More Toxic      Approaching Poison



### DEA Drug Schedules

Unscheduled  
(Legal Over the Counter)

Schedule IV or V  
(Prescribable, Low Danger)

Schedule II or III  
(Prescribable, Dangerous)

Schedule I  
(Illegal and Dangerous)

Therapeutic Ratio is the ratio of:  
Effective Dose - Amount that works  
over Lethal Dose - Amount that kills

For example, Alcohol's 1/10  
Therapeutic Ratio means that 2 shots  
get you drunk, 20 shots can kill you.

Marijuana's Therapeutic Ratio cannot  
reasonably be measured - it is so  
non-toxic it can't cause overdose.

Source: "Comparison of acute  
lethal toxicity of commonly  
abused psychoactive  
substances", *Addictions*, 2004

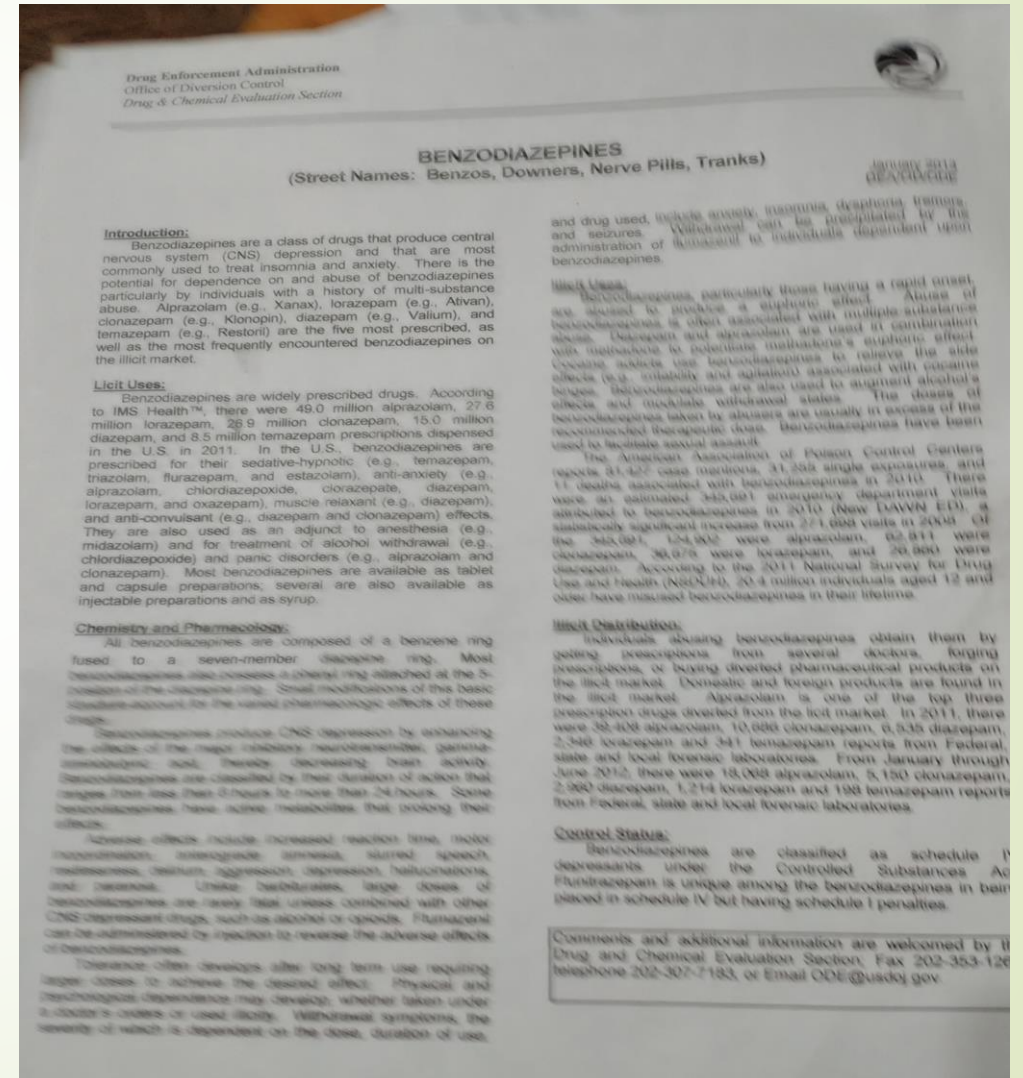
\*Source: Erowid.org

## Therapeutic Ratios of Common Psycho-actives



# Benzodiazepines

- What
  - Americans love caffeine
  - Substance Use Disorder
    - Intoxication
    - Withdrawal
      - Misdiagnosed anxiety
      - Prescribed
        - Valium etc



# Reference: Caffeine

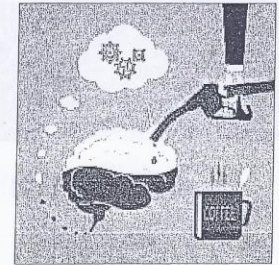
- ▶ Journal of Caffeine Research
  - ▶ Vol. 3 #3 2013
  - ▶ Mary Ann Liefert. In
- ▶ Caffeine Use disorder:
  - ▶ A comprehensive review and research agenda
    - ▶ Steven Meredith Laura M. Juliang
    - ▶ John Hughes
    - ▶ Roland Griffiths
- ▶ Effects of Adolescence Caffeine Consumption on Cocaine Sensitivity  
O'Neil, Levis, Schreiner, Amat, Maier, Bachtell

## Adolescent Caffeine Use and Cocaine Sensitivity

### Science Highlight

November 19, 2014

Caffeine is the most widely used stimulant in the world and use by adolescents has more than doubled since 1980. Chronic caffeine use produces greater tolerance in adolescents compared with adults, suggesting that caffeine may cause greater brain changes in young people. Caffeine consumption is also known to be correlated with increased risk for illicit drug use and substance use disorders (as noted in a recent editorial in *Addiction*).". Since caffeine effects brain areas and circuits where cocaine acts, this study explored whether caffeine use by adolescents can impact the brain's sensitivity to cocaine in adulthood.



In a new study, rats that were treated with caffeine in adolescence showed an increased sensitivity to cocaine as adults that was associated with altered dopamine signaling in brain reward pathway involved in addiction. These changes were not seen in animals that were given caffeine as adults. These results highlight that adolescent brains are still developing and can be impacted by substances in ways that are different from fully developed adult brains. Caffeine use by adolescents may prime the still developing brain for later use of other illicit drugs.

#### Study:

**Effects of Adolescence Caffeine Consumption on Cocaine Sensitivity**, Casey E. O'Neill, Sophia C. Levis, Drew C. Schreiner, Jose Amat, Steven F. Maier, Ryan K. Bachtell,



# Citizen's Commission on Human Rights International: anti-psychotics

- ▶ 27
  - ▶ Drug regulatory agency warnings cite psychiatric drug side effects of mania, psychosis, violence and homicidal ideation
- ▶ 1,531
  - ▶ Cases of psychiatric drug induced homicide/homicidal ideation reported to the U.S. FDA
- ▶ 65
  - ▶ High profile cases of mass shootings/murder committed by individuals under the influence of these drugs
- ▶ 0
  - ▶ Federal investigations into the link between seemingly senseless acts of violence and the use of psychotropic drugs

[www.cchr.org](http://www.cchr.org)

# Cannabis and the Controlled Substances Act

- ▶ Title 21 U.S.C. (C.S.A.) Subchapter 1
  - ▶ (6) The term controlled substance does not include distilled spirits, wine, malt beverages, or tobacco
- ▶ Spray Paint
- ▶ Methamphetamine/fentanyl/oxy-contin
  - ▶ Schedule II
  - ▶ No swell of public support to de-schedule
    - ▶ Consistency
    - ▶ Complicit hypocrisy
- ▶ Other Countries
  - ▶ Sativex
  - ▶ Cesamet
    - ▶ Synthetic THC
      - ▶ DOESN'T WORK

- ▶ MAT
  - ▶ Ambien
    - ▶ Side Effects include blackouts
  - ▶ BuSpar
    - ▶ Side Effects
      - ▶ Changes in weight or appetite, fainting, changes in blood pressure, muscle cramps or spasms, and redness or itching of eyes may occur in some instances.
      - ▶ Allergic reaction (difficulty breathing; hives; swelling of your lips, tongue or face); chest pain or an irregular heartbeat; slurred speech; confusion or blurred vision; numbness or tingling in your hands, feet, arms, or legs; or uncontrollable movements of your arms, legs, tongue, or lips
- ▶ Neurontin
  - ▶ Side Effects







### **PRODUCT INFORMATION:**

**DRUG:** HYDROcodone-ACETAMINOPHEN 5-325 TAB

**GENERIC NAME:** HYDROCODONE/ACETAMINOPHEN - ORAL - Information last revised August 2018. Copyright(c) 2018 First Databank, Inc.

**00406-0123-01**

**Color:** white

**Imprint 1:** M365

**Shape:** oblong

**USES:** This combination medication is used to relieve moderate to severe pain. It contains an opioid (narcotic) pain reliever (hydrocodone) and a non-opioid pain reliever (acetaminophen). Hydrocodone works in the brain to change how your body feels and responds to pain. Acetaminophen can also reduce a fever. This product is not recommended for use in children younger than 6 years due to an increased risk of serious side effects (such as slow/shallow breathing).

**HOW TO USE:** See also Warning section. Read the Medication Guide and, if available, the Patient Information Leaflet provided by your pharmacist before you start taking this medication and each time you get a refill. If you have any questions, ask your doctor or pharmacist. Take this medication by mouth as directed by your doctor. You may take this drug with or without food. If you have nausea, it may help to take this drug with food. Ask your doctor or pharmacist about other ways to decrease nausea (such as lying down for 1 to 2 hours with as little head movement as possible). If you are using a liquid form of this medication, use a medication measuring device to carefully measure the prescribed dose. Do not use a household spoon because you may not get the correct dose. The dosage is based on your medical condition and response to treatment. In children, the dosage is also based on weight. Do not increase your dose, take the medication more frequently, or take it for a longer time than prescribed. Properly stop the medication when so directed. Pain medications work best if they are used as the first signs of pain occur. If you wait until the pain has worsened, the medication may not work as well. If you have ongoing pain (such as due to cancer), your doctor may direct you to also take long-acting opioid medications. In that case, this medication might be used for sudden (breakthrough) pain only as needed. Other pain relievers (such as ibuprofen, naproxen) may also be prescribed. Ask your doctor or pharmacist about using this product safely with other drugs. This medication may cause withdrawal reactions, especially if it has been used regularly for a long time or in high doses. In such cases, withdrawal symptoms (such as restlessness, watering eyes, runny nose, nausea, sweating, muscle aches) may occur if you suddenly stop using this medication. To prevent withdrawal reactions, your doctor may reduce your dose gradually. Ask your doctor or pharmacist for more details, and report any withdrawal reactions right away. When this medication is used for a long time, it may not work as well. Talk with your doctor if this medication stops working well. Though it helps many



Nick Reinecker Question: Role of government?

Ed Klumpp: The government's role is not to run our lives, but the government's role is certainly when that activity starts crossing over into affecting other people's lives especially to the area where it creates a Public safety issue, I think gov has a responsibility to take some kind of action. It doesn't mean that action has to be the government has to step in and take that action per se, but we certainly have an obligation to put the people in the path of finding the solution to those issues that led to that conduct. Gov should not raise our kids. We all have a responsibility to help each other raise our kids but not the government. It's a fine line but we have to respect people's individuality and privacy and government should never overstep that authority. There is a time when it is government's responsibility

There's those that are clearly a danger to themselves or others. There's those that have mental illness that creates concern among the public but they do not rise to a level of being a danger to themselves or others, and then there are those that never really raise an alarm to the public but we come into contact because family members are concerned about them at 3 am Saturday morning and don't know who else to call, they are victims of crime, they are witnesses of crime and things like that. Contact mechanism not relating to developmental disorders and substance abuse which is sky high. I'm gonna focus not on disability disorders and substance abuse here. As a result of those contacts you get to see ed get to see and that's where we have concerns and things that need to be addressed both in your house and our house.




NO FDA APPROVED MAT FOR CANNABIS USE DISORDER AMONG OTHER  
SUBSTITUTION CHEMICAL DELIVERY DEVICE FOR OPIOIDS AND TOBACCO  
DETERRENT FOR ALCOHOL

# Insys Therapeutics

- ▶ Subsys
  - ▶ Fentanyl-based spray
    - ▶ 50 to 100 times more potent than morphine
- ▶ November 2016
  - ▶ Arizona Prop. 205 fails
    - ▶ 51%-49%
    - ▶ \$500,000 campaign donation to organization opposing measure
      - ▶ August
  - ▶ All other (8) passed
    - ▶ Maine, Mass., Arkansas, Cali.,
- ▶ Psychology on doctors
  - ▶ Marketing practices
  - ▶ Alec Burlakoff
- ▶ Syndros
  - ▶ Synthetic THC
    - ▶ FDA approval July 2016
      - ▶ Nausea and weight loss
        - ▶ Schedule 2
- ▶ Criminal Investigation and convictions





# Current (some) cannabinoids: FDA and Non-FDA approved

- ▶ Marinol/Syndros
  - ▶ Dronabinol
    - ▶ Synthetic THC
- ▶ Epidiolex
  - ▶ Plant based
    - ▶ Cannabidiol (CBD)
    - ▶ \$32,000/yr
- ▶ Sativex
  - ▶ GW monopoly like private public relationship
- ▶ CBD oil
  - ▶ Federally Schedule 5
    - ▶ Ks carve-out
      - ▶ Violating Federal law
- ▶ Alternative Crop Act
  - ▶ Farmers
    - ▶ Identity Politics
    - ▶ Bureaucracy 101



# Hypocrisy

- ▶ FDA approved non-scheduled substances
  - ▶ Cigarettes
    - ▶ Nicotine Delivery Systems
      - ▶ HPHC
        - ▶ 480,000 deaths per year
- ▶ Alcohol
  - ▶ 88,000 deaths per year
- ▶ Prescriptions
  - ▶ 15,000 deaths per year
- ▶ Caffeine, Sugar, MSG, Spray Paint

- ▶ Cannabis (Schedule !)
  - ▶ Zero overdose deaths
  - ▶ Limited side effects

**NO  
COMPARISON**



# Whereas: Cannabis

- ▶ Used as a food, fiber, fuel and therapeutic herb source for thousands of years
- ▶ No recorded deaths
- ▶ 1972 Shafer Commission found cannabis did not meet criteria for Schedule 1
- ▶ DEA rules state a plant should not be more restricted than its primary psychoactive constituent
- ▶ National Conference of State Legislatures advocates for state's rights
- ▶ No reliable research on the effects of cannabis has shown its use to be as hazardous to the public or the individual user as the use of tobacco, alcohol or many other stimulants and depressants legally available to the public, such as refined sugar and caffeine.
- ▶ Asset seizure programs create incentive for LE
- ▶ Prohibition has diverted law enforcement resources away from violent criminals and furthers cartel activities
  - ▶ Street dealers don't card
- ▶ Highly beneficial to environment when allowed to grow naturally (Clark and Pate, 1997)
- ▶ Existing laws have not had an impact on availability or demand
  - ▶ Putting plants and consuming outside instead of inside
- ▶ Disparities in enforcement
  - ▶ Political weapons against young minorities
  - ▶ Capitalism vs crony capitalism
  - ▶ Farmers first act



# The word Marijuana and Marihuana

- ▶ Harry Anslinger
  - ▶ Reefer Madness
- ▶ William Randolph Hearst
  - ▶ Newspaper
    - ▶ Chemicals
    - ▶ Lumber
- ▶ Dupont
  - ▶ Nylon
- ▶ Rockefeller
  - ▶ Oil
- ▶ Nutrition
- ▶ Eugenics

Outlaw the  
natural to  
monopolize the  
synthetic

# PTSD and Seizures

- ▶ 270% increase in the number of antipsychotic prescriptions for Medicaid children in Kentucky between 2000 and 2010
  - ▶ March 2015 Governing magazine
- ▶ Kevin Keller ‘
  - ▶ Newsweek 10-12-17 How the VA fueled the national opioid crisis and is killing thousands of veterans
    - ▶ <https://www.newsweek.com/2017/10/20/va-fueled-opioid-crisis-killing-veterans-681552.html>
- ▶ America Is Giving Away the \$30 Billion Medical Marijuana Industry
  - ▶ Bloomberg Businessweek March 7, 2018
- ▶ Imagine your child on Zonégren, Keppra, Onfi, Ativan, Sabril and Diazepam
  - ▶ Ineffective
    - ▶ Told by Doctors need brain surgery
    - ▶ Told by Government will be arrested and considered unfit if possess and/or administer cannabis
- ▶ FDA food additives

# Other Information

- ▶ Patent 6630507
    - ▶ Cannabinoids as anti-oxidant inflammatory and neuro-protectant
  - ▶ EndoCannabinoidSystem (ECS) deficiency
  - ▶ THC and Alzheimer's Cao C Dig2014
  - ▶ Corrections and Juvenile Justice Oct 22-23 2018
    - ▶ K2
    - ▶ Turnover
    - ▶ Recidivism
    - ▶ SB179
    - ▶ SB109
  - ▶ Child Welfare Task Force
  - ▶ Treatment program donations
  - ▶ HB2639 testimony CIA
  - ▶ SUD task force
  - ▶ Mental Health Task Force
- Question
- ▶ What would the impact be if Cannabis was not a crime?
    - ▶ CINC
    - ▶ Jails
    - ▶ Prisons
    - ▶ SB 123
    - ▶ Your organization





# Other



- ▶ Effective Practices in correction Services II EPiICS
- ▶ FFT, SO, MRT, ORT ECKKACD inc Florida Cornerstones for care ember hope
- ▶ Does not increase suicidal behaviors in psych patients
  - ▶ McMaster University biology of sex differences journal
  - ▶ Rape Kits
  - ▶ Gordian Knot
  - ▶ McPherson county plastics, chs, Pfizer
  - ▶ Bale theory
  - ▶ [www.nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-report-highlights.pdf](http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-report-highlights.pdf)
- ▶ August 2016 FDA DEA statement of principle economic impact
- ▶ Broken window
  - ▶ Lock em up vs community based solutions
  - ▶ 2064 under 21 admissions sud 2040 over 21
    - ▶ Volunteer?
- ▶ NCSL Support federalism
  - ▶ Conservatives
- ▶ Opioid deaths are seniors
- ▶ EMS suicide
- ▶ Parity Equity
- ▶ Rural revitalization child welfare priorities

# Misc.

- ▶ Dr. Sue Sisly moldy cannabis
    - ▶ NIDA
      - ▶ Study harmful effects
  - ▶ Felony drug sentencing pie chart
    - ▶ METHAMPHETAMINE
  - ▶ Jama Internal Medicine Aug 18 2014
    - ▶ 24.8% reduction in opioid overdose deaths
  - ▶ Causation vs Correlation
  - ▶ Nutraceutical
    - ▶ Dietary Supplements
      - ▶ By mouth
      - ▶ Vitamins, minerals, amino acids, and herbs or botanicals
        - ▶ Tablets, capsules, powders, energy bars, and liquids
- ▶ DEA removes “alternative facts” pdf from website
  - ▶ “Dangers and Consequences of Marijuana”
- ▶ Gateway theory only for Law Enforcement
  - ▶ Detention, Investigation
  - ▶ Asset seizure/forfeiture
- ▶ Alcohol, tobacco, caffeine, sugar, chocolate, bacon etc.
  - ▶ Desire
  - ▶ Moderation
- ▶ Disparities in enforcement
  - ▶ Officer Discretion
  - ▶ Unlicensed Doctors
    - ▶ By the book grunts



# Misc. Cont.

## ➤ KAAP

### ➤ Kansas Association of Addiction Professionals

➤ Feb. 17, 2015 March 17 (Kim Brown)

➤ Michelle Voth

➤ Trade Association

➤ Solely SUD/Prevention

### ➤ HB2282 testimony highlights

➤ Oppose legalization

➤ Belief

➤ Dependence, respiratory and mental illness, poor motor performance and impaired cognitive and immune system functioning

## ➤ Association

### ➤ Increased rates

➤ Anxiety, depression, suicidal thoughts, and schizophrenia

➤ Potency

➤ 2013 845,000 received treatment

➤ 12-17 y olds

➤ Increased use leads to dependence, (should add LE interface)

➤ Value options

➤ Based on access to taxpayer funds

➤ Virtual (telehealth)

➤ BSRB

# Therapeutic Courts, 1<sup>st</sup> Amendment Rights, and the Rest of the Story



www.courts.alaska.gov/therapeutic/juneau.htm

## Alaska Court System

WWW.COURTS.ALASKA.GOV

HOME APPELLATE COURTS TRIAL COURTS FORMS SELF-HELP COURT RULES LAW LIBRARY ADMINISTRATION MEDIA

Home » Therapeutic Courts » Juneau Therapeutic Court

### Juneau Therapeutic Court

#### What is the Juneau Therapeutic Court?

The Juneau Therapeutic Court (JTC) is a jail diversion program for those charged with felony alcohol and/or drug related offenses. The program offers substance abuse treatment and community supervision to support abstinence and recovery. Entry into the program is not automatic. Each request to participate in JTC is reviewed on a case by case basis.

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

#### What are the benefits?

The principal benefits of completing the JTC program are achieving sobriety and avoiding incarceration. Graduates receive a reduced sentence minimizing jail time and fines on their current case.

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

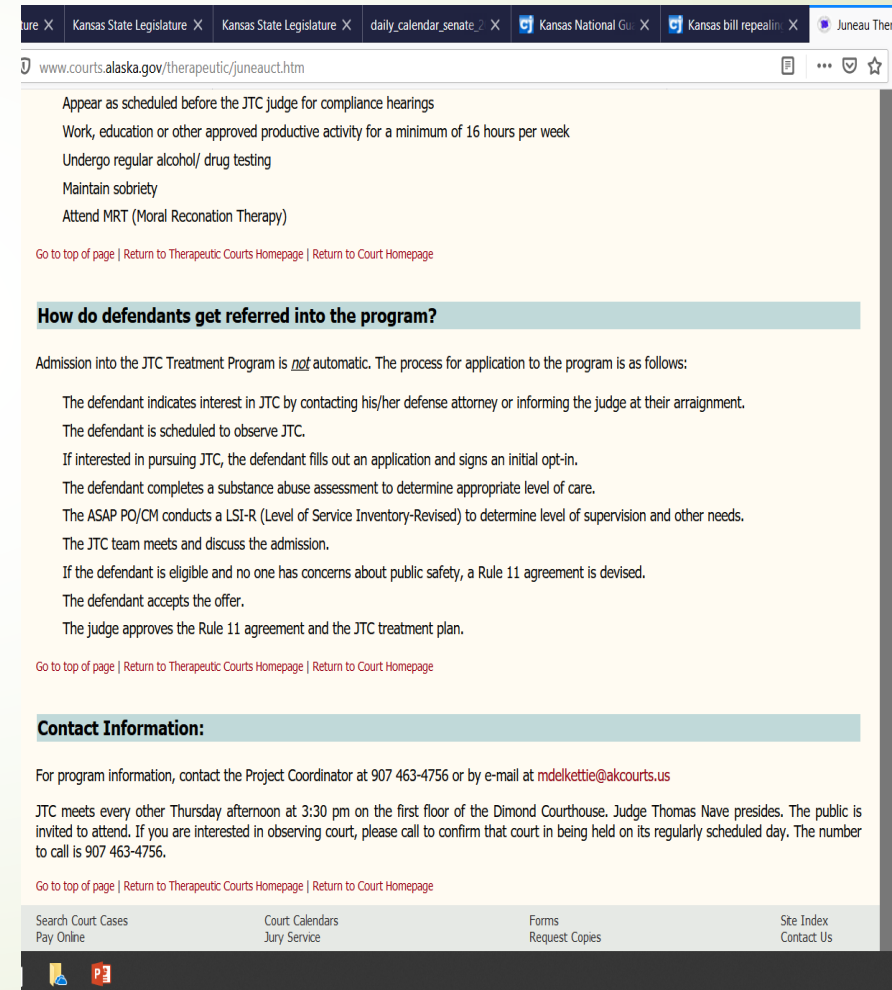
#### Who is eligible?

A defendant is eligible to participate in the JTC if the defendant is:

- Charged with a felony alcohol or drug related charge; and
- Assessed by the treatment provider for placement at intensive or level I outpatient chemical dependency services

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

#### How does the Juneau Therapeutic Court work?



www.courts.alaska.gov/therapeutic/juneau.htm

- Appear as scheduled before the JTC judge for compliance hearings
- Work, education or other approved productive activity for a minimum of 16 hours per week
- Undergo regular alcohol/ drug testing
- Maintain sobriety
- Attend MRT (Moral Reconation Therapy)

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

#### How do defendants get referred into the program?

Admission into the JTC Treatment Program is not automatic. The process for application to the program is as follows:

- The defendant indicates interest in JTC by contacting his/her defense attorney or informing the judge at their arraignment.
- The defendant is scheduled to observe JTC.
- If interested in pursuing JTC, the defendant fills out an application and signs an initial opt-in.
- The defendant completes a substance abuse assessment to determine appropriate level of care.
- The ASAP PO/CM conducts a LSI-R (Level of Service Inventory-Revised) to determine level of supervision and other needs.
- The JTC team meets and discuss the admission.
- If the defendant is eligible and no one has concerns about public safety, a Rule 11 agreement is devised.
- The defendant accepts the offer.
- The judge approves the Rule 11 agreement and the JTC treatment plan.

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

#### Contact Information:

For program information, contact the Project Coordinator at 907 463-4756 or by e-mail at [mdelkettie@akcourts.us](mailto:mdelkettie@akcourts.us)

JTC meets every other Thursday afternoon at 3:30 pm on the first floor of the Dimond Courthouse. Judge Thomas Nave presides. The public is invited to attend. If you are interested in observing court, please call to confirm that court is being held on its regularly scheduled day. The number to call is 907 463-4756.

[Go to top of page](#) | [Return to Therapeutic Courts Homepage](#) | [Return to Court Homepage](#)

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# Conclusion

**Constitutional approach**

**Cannabis should be de-scheduled**

**Hard on actual threats to Public Safety**

**DSM-V SUD research**

Thank You

Questions?

[nicholasleereinecker@gmail.com](mailto:nicholasleereinecker@gmail.com)

